

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

1. Entity ID No. 1869	2. Exact name of the Corporation Bailey's Motor Sales, Inc.				
3. Principal office address 425 Ten Rod Road			City North Kingstow	n State	Zip 02852
4. Business Phone No.			5. State of Incorporation Rhode Island		
6. Brief description of the characte sales and service of new	er of business v and used	s conducted in Rhode Island I automobiles			
7 LSTALLOFFICERS (NAME	S AND ADDE	ESSES) ("X" BOX FOR AT	ACHMENT)		
President Name MAUREEN BAILEY			Vice-President Name ALICIA R. BAILEY		
Street Address 425 Ten Rod Road			Street Address 391 Ten Rod Road		
City North Kingstown	State Ri	Zip 02852	City North Kingstow	n State	Zip 02852
Secretary Name Stephanie Bailey-Alling	/ Ass't Sec	c. John D. Biafore	Treasurer Name MAUREEN BAILEY		
Street Address 1148 Wordens Pond Roa	ad / 123 Dy	yer Street, Suite 3B	Street Address 425 Ten Rod Ro	oad	
City Wakefield / Providence	State RI	Zip 02879 / 02903	City North Kingstown State RI		Zip 02852
RELIEFALL PIRECTORS IVAN	ES AND ADD	RESSES) ("X" BOX FOR A			
Director Name MAUREEN BAILEY			Director Name		
Street Address 425 Ten Rod Road			Street Address		
City North Kingstown	State RI	Zip 02852	City State Zip		Zip
Director Name			Director Name		
Street Address	W		Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filling. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No par value
See Section 9 of instruction she					•

File Date FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No. MAR 0 4 2014	Signature of Authorized Representative Date
FOR SECRETARY OF STATE USE ONLY	MAUREEN BAILEY, President
	Dist - To a Name of Authorized Depresentative

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Form No. 630 Revised: 01/2012