



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** 2015

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

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>17463</u>		2. Exact name of the Corporation <u>Westminster Motors LTD</u>		
3. Principal office address <u>550 Valley ST</u>		City <u>Prov</u>	State <u>RI</u>	Zip <u>02908</u>
4. Business Phone No. <u>(401) 277 3030</u>		5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island <u>USE CARS</u>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
President Name <u>Mery y. Lopez</u>		Vice-President Name <u>Same</u>		
Street Address <u>59 Redwing ST</u>		Street Address		
City <u>Prov</u>	State <u>RI</u>	Zip <u>02907</u>	City	State
Secretary Name <u>Mery y. Lopez</u>		Treasurer Name		
Street Address <u>same</u>		Street Address		
City <u>same</u>	State <u>RI</u>	Zip <u>RI</u>	City	State
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED</b>				
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES	PAR VALUE <u>2</u>

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 CORPORATIONS DIV  
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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**  
 By: \_\_\_\_\_

**FILED**

**MAR 12 2015**

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ICM

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.

Mery y. Lopez 3/12/15  
 Signature of Authorized Representative Date  
Mery y. Lopez  
 Print or Type Name of Authorized Representative