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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.	2. Exact name of the Corporation		
64993	South County Motors, Inc.		
3. Principal office address: 245 Main Street	City: Wakefield	State: RI	Zip: 02879
4. Business Phone No.: 401 789-9309	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Automobile dealership			

7. CHANGE OF PRINCIPAL OFFICE (NAME AND ADDRESS) ("X" BOX FOR ATTACHMENT) ☐

President Name: George J. Siegmund			Vice-President Name: George J. Siegmund		
Street Address: 245 Main Street			Street Address: 245 Main Street		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879
Secretary Name: George J. Siegmund			Treasurer Name: George J. Siegmund		
Street Address: 245 Main Street			Street Address: 245 Main Street		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: George J. Siegmund			Director Name		
Street Address: 245 Main Street			Street Address		
City: Wakefield	State: RI	Zip: 02879	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
120	common	no par value

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.

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.

3.24.15
Signature of Authorized Representative — Date

George J. Siegmund
Print or Type Name of Authorized Representative

File Date _____
Check No _____
Amt _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 26 2015
BY 34423

Form No. 630
Revised: 01/2012

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