



**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

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**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.<br><b>113905</b>   |  | 2. Exact name of the Corporation<br><b>Post Road Motors, Inc.</b> |  |  |                     |
| 3. Principal office address<br><b>7335 Post Road</b>  |  |   | City<br><b>North Kingstown</b>                   | State<br><b>RI</b>                     | Zip<br><b>02852</b> |
| 4. Business Phone No.<br><b>(401) 295-5356</b>  |  |   | 5. State of Incorporation<br><b>Rhode Island</b> |  |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>To sell automobiles, trucks, trailers and accessories at wholesale and retail</b> |  |   |  |  |                     |
| <b>President Name</b><br><b>Gordon Kilday, Jr.</b>  |  |   |  |  |                     |
| <b>Vice-President Name</b>  |  |   |  |  |                     |
| <b>Street Address</b><br><b>7335 Post Road</b>  |  |   |  |  |                     |
| <b>City</b><br><b>North Providence</b>  |  | <b>State</b><br><b>RI</b>   | <b>Zip</b><br><b>02852</b>                       | <b>City</b><br><b>North Providence</b> |                     |
| <b>Secretary Name</b><br><b>Gordon Kilday, Jr.</b>  |  | <b>Treasurer Name</b><br><b>Gordon Kilday, Jr.</b>                |  |  |                     |
| <b>Street Address</b><br><b>7335 Post Road</b>  |  | <b>Street Address</b><br><b>7335 Post Road</b>                    |  |  |                     |
| <b>City</b><br><b>North Providence</b>  |  | <b>State</b><br><b>RI</b>   | <b>Zip</b><br><b>02852</b>                       | <b>City</b><br><b>North Providence</b> |                     |
| <b>Director Name</b><br><b>Gordon Kilday, Jr.</b>   |  | <b>Director Name</b>  |  |  |                     |
| <b>Street Address</b><br><b>7335 Post Road</b>  |  | <b>Street Address</b>   |  |  |                     |
| <b>City</b><br><b>North Providence</b>  |  | <b>State</b><br><b>RI</b>   | <b>Zip</b><br><b>02852</b>                       | <b>City</b><br><b>North Providence</b> |                     |
| <b>Director Name</b>  |  | <b>Director Name</b>  |  |  |                     |
| <b>Street Address</b>   |  | <b>Street Address</b>   |  |  |                     |
| <b>City</b>   |  | <b>State</b>  | <b>Zip</b>                                       | <b>City</b>                            |                     |
| <b>9. SHARES AUTHORIZED</b>   |  | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b>                 |  |  |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.<br>See Section 9 of instruction sheet.       |  | NUMBER OF SHARES  |  | CLASS/SERIES                           | PAR VALUE           |
|   |  | 100   |  |  | 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.

**FILED**

**MAR 26 2015**

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.

Signature of Authorized Representative

Date

**Gordon Kilday, Jr.**

Print or Type Name of Authorized Representative

File Date

Check No

By

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