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		
113905	Post Road Motors, Inc.		
3. Principal office address: 7335 Post Road	City: North Kingstown	State: RI	Zip: 02852
4. Business Phone No.: (401) 295-5356	5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: To sell automobiles, trucks, trailers and accessories at wholesale and retail			

President Name: Gordon Kilday, Jr.			Vice-President Name:		
Street Address: 7335 Post Road			Street Address:		
City: North Providence	State: RI	Zip: 02852	City:	State:	Zip:
Secretary Name: Gordon Kilday, Jr.			Treasurer Name: Gordon Kilday, Jr.		
Street Address: 7335 Post Road			Street Address: 7335 Post Road		
City: North Providence	State: RI	Zip: 02852	City: North Providence	State: RI	Zip: 02852
Director Name: Gordon Kilday, Jr.			Director Name:		
Street Address: 7335 Post Road			Street Address:		
City: North Providence	State: RI	Zip: 02852	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			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 filing. 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.

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 26 2015
By 508

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.

1-26-15
Signature of Authorized Representative — Date

Gordon Kilday, Jr.
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012