



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 2016**

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>112982</b>  |                    | 2. Exact name of the Corporation<br><b>PAUL BAILEY'S EAST GREENWICH FORD INC.</b> |   |                    |                     |                  |              |           |  |  |
| 3. Principal office address<br><b>2545 South County Trail</b>  |                    |   | City<br><b>East Greenwich</b>                                       | State<br><b>RI</b> | Zip<br><b>02818</b> |                  |              |           |  |  |
| 4. Business Phone No.<br><b>401-884-4000</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 ENGAGE IN THE SALE OF NEW AND USED AUTOMOBILES</b>                    |                    |   |   |                    |                     |                  |              |           |  |  |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                    |   |   |                    |                     |                  |              |           |  |  |
| President Name<br><b>Michael J. Flood</b>  |                    |   | Vice-President Name<br><b>Donna Flood</b>                           |                    |                     |                  |              |           |  |  |
| Street Address<br><b>2545 South County Trail</b>   |                    |   | Street Address<br><b>2545 South County Trail</b>                    |                    |                     |                  |              |           |  |  |
| City<br><b>East Greenwich</b>  | State<br><b>RI</b> | Zip<br><b>02818</b>   | City<br><b>East Greenwich</b>                                       | State<br><b>RI</b> | Zip<br><b>02818</b> |                  |              |           |  |  |
| Secretary Name<br><b>Gary R. Pannone</b>   |                    |   | Treasurer Name<br><b>Michael J. Flood</b>                           |                    |                     |                  |              |           |  |  |
| Street Address<br><b>317 Iron Horse Way, Suite 301</b>   |                    |   | Street Address<br><b>2545 South County Trail</b>                    |                    |                     |                  |              |           |  |  |
| City<br><b>Providence</b>  | State<br><b>RI</b> | Zip<br><b>02908</b>   | City<br><b>East Greenwich</b>                                       | State<br><b>RI</b> | Zip<br><b>02818</b> |                  |              |           |  |  |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |   |   |                    |                     |                  |              |           |  |  |
| Director Name<br><b>Michael J. Flood</b>   |                    |   | Director Name   |                    |                     |                  |              |           |  |  |
| Street Address<br><b>2545 South County Trail</b>   |                    |   | Street Address  |                    |                     |                  |              |           |  |  |
| City<br><b>East Greenwich</b>  | State<br><b>RI</b> | Zip<br><b>02818</b>   | 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) <input type="checkbox"/> |                    |                     |                  |              |           |  |  |
| 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 |  |  |
|  |                    |   |   |                    |                     | 2,000            | common       | \$.01     |  |  |

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: \_\_\_\_\_

**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.

*Michael J. Flood member*  
 Signature of Authorized Representative Date

**Michael J. Flood**  
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
 Revised: 01/2012

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 BY *KL 19283*