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.	2. Exact name of the Corporation
125978	PAUL BAILEY'S NARRAGANSETT FORD INC.

3. Principal office address	City	State	Zip
21 Woodruff Avenue	Narragansett	RI	02882

4. Business Phone No.	5. State of Incorporation
401-884-4000	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
TO ENGAGE IN THE SALE OF NEW AND USED AUTOMOBILES

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Michael J. Flood			Donna Flood		
Street Address: 2545 South County Trail			Street Address: 2545 South County Trail		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818
Secretary Name: Gary R. Pannone			Treasurer Name: Michael J. Flood		
Street Address: 317 Iron Horse Way, Suite 301			Street Address: 2545 South County Trail		
City: Providence	State: RI	Zip: 02908	City: East Greenwich	State: RI	Zip: 02818

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

Director Name			Director Name		
Michael J. Flood					
Street Address: 2545 South County Trail			Street Address		
City: East Greenwich	State: RI	Zip: 02818	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
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.

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

Michael J. Flood
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____

FILED
JAN 13 2016

FOR SECRETARY OF STATE USE ONLY
BY VL 19384

Form No. 630
Revised: 01/2012