



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. 132019		2. Exact name of the Corporation D'AGOSTINO MOTORS, LTD.			
3. Principal office address 411 DOUGLAS PIKE			City SMITHFIELD	State RI	Zip 02917
4. Business Phone No. 401-233-4000			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island THE PURCHASE AND SALE OF NEW AND USED AUTOMOBILES					
7. LIST ALL SECRETARIES (NAME AND ADDRESS) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
President Name PAUL R. D'AGOSTINO			Vice-President Name CHRISTOPHER D'AGOSTINO		
Street Address 411 DOUGLAS PIKE			Street Address 411 DOUGLAS PIKE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAME AND ADDRESS) (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name PAUL R. D'AGOSTINO			Director Name CHRISTOPHER D'AGOSTINO		
Street Address 411 DOUGLAS PIKE			Street Address 411 DOUGLAS PIKE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES ISSUED					
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
			300	COMMON	0.00
10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input type="checkbox"/>					

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: _____
 Checked: _____
 By: _____
 FOR STATE OF RHODE ISLAND

FILED
 FEB 10 2016
 6790

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 **01/30/2016**
CHRISTOPHER D'AGOSTINO - V. PRESIDENT
 Print or Type Name of Authorized Representative