

18810

3. Street Address Principal Business Office

3760 Quaker Lane

Business Phone No. 401-295-4998

2. Name of Corporation

PILGRIM MOTORS, INC.

Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

02852

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

5. State of Incorporation

Rhode Island

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No.

North Kingstown

State

RI

6. Brief Description of the Char Auto dealership					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Mark DePasquale Street Address 3760 Quaker Lane			CHMENT) D FILL IN SP Vice President Name Mark DePasquale	ACES BEFORE US	ING ATTACHMENTS
			Street Address 3760 Quaker Lane		
City North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Dana Palangio			Treasurer Name Mark DePasquale		
Street Address 3760 Quaker Lane			Street Address 3760 Quaker Lane		
City North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	^{Zip} 02852
B. NAMES AND ADDRES Director Name	SES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) = FILL IN Director Name	SPACES BEFORE U	ISING ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name]		Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZE	D: ("X" BOX FOR	RATTACHMENT)	10. SHARES ISSUED: (ICHMENT) 🗆 💮
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.				lass/Series	Par Value
			600 shares common stoo	ck of no par value	
his report must be execu	ted on behalf of the	ne corporation by an authorize the corporation by the receive	d representative. If the corp r or trustee.	poration is in the ha	nds of a receiver or trustee,
		FILEDO			
FEB 1 6 2016			Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying school and statements, and that all statements contained herein are true and forrect.		
File Date		19637	Eignature	Me	<u> 214/16</u>
Check No.		Andrews and the second	Mark DePasquale	<u> </u>	
Ву:			Print or Type Name		
FOR SECRETARY OF STATE USE ONLY			President Title		F (20 B 12/0
					Form 630 Rev. 12/0