



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 27 PM 12:57

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation	
109299		British Motorcars Ftr. Ltd. of New England	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
Rhode Island			
5. Principal Office Address		City	State
35 Power Street		East Greenwich	RI
		Zip	02818
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Mallory Walsh		Vice-President Name Austin Clemence	
Street Address 35 Power Street		Street Address 32 Paine Road	
City East Greenwich	State RI	City Chepachet	State RI
Zip 02818		Zip 02814	
Secretary Name Robert Stahlbush		Treasurer Name Dianne Izzo	
Street Address 18 Browne Street		Street Address 62 Poplar Avenue	
City Cranston	State RI	City North Kingstown	State RI
Zip 02920		Zip 02852	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name MAUROY WALSH		Director Name CHRISTOPHER IZZO	
Street Address 35 POWER STREET		Street Address 501 HOPE ROAD	
City E. GREENWICH	State RI	City HOPE	State RI
Zip 02818		Zip 02831	
Director Name LANCE BEAUCHAMP		Director Name LUCIEN FORGET	
Street Address 598 PROVIDENCE PIKE		Street Address 763 PARK AVENUE	
City N. SMITHFIELD	State RI	City WOONSOCKET	State RI
Zip 02896		Zip 02895	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative			Date
Mallory M. Walsh			6/1/2016
Signature of Officer/Authorized Representative			
Mallory M. Walsh			SIGN DOCUMENT HERE

12:57

FILED

JUN 27 2016

BY **[Signature]**

277666