RI SOS Filing Number: 201729591110 Date: 01/05/2017 4:00 PM

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

Annual Report for the year: 2017
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation			
120617	Richmond Motor Sales, Inc			
3. Principal Office Address		City	State	Zip
700 North Main Street		Providence	RI	02904
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
81	Sale of Used Automobiles + Rental			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Angela Badway			Angela Badway		
Street Address			Street Address		
700 No. Main Street			700 No. Main Street		
City	State	Zip	City	State	Zip
Providence	RI	02904	Providence	RI	02904
Secretary Name			Treasurer Name		
Betty Ann Palmisciano			Same as Above		
Street Address			Street Address		
700 No. Main Street					
City	State	Zip	City	State	Zip
Providence	RI	02904			

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
None					
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 Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	150	Common	No Par Value

11. 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.

Name of Authorized Representative	Date
Betty Ann Palmisciano	1-4-17

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
JAN 05 2017
BY 292439 KM

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016