RI SOS Filing Number: 201731351610 Date: 02/02/2017 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
36329	**Lise Motors, Inc.**

3. Principal Office Address	City	State	Zip
48 Foundry Street	**Woonsocket**	**RI**	**02895**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
81 - Other Services (except P	**Auto body repair and sales of used cars**
5. State of Incorporation	
Rhode Island	

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

President Name	Vice-President Name
David B. Healey	**Kevin P. Toupin**
Street Address **515 Black Plain Road**	Street Address **238 Burrington Street**
City **North Smithfield** State **RI** Zip **02896**	City **Woonsocket** State **RI** Zip **02895**
Secretary Name **Kevin P. Toupin**	Treasurer Name **David B. Healey**
Street Address **238 Burrington Street**	Street Address **515 Black Plain Road**
City **Woonsocket** State **RI** Zip **02895**	City **North Smithfield** State **RI** Zip **02896**

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

Director Name	Director Name
David B. Healey	**Kevin P. Toupin**
Street Address **515 Black Plain Road**	Street Address **238 Burrington Street**
City **North Smithfield** State **RI** Zip **02896**	City **Woonsocket** State **RI** Zip **02895**
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 Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	**Common**	**No Par**

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: **David B. Healey** Date: 1/30/17

Signature of Authorized Representative: David B. Healey

FILED
FEB 02 2017
BY 2030

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

148802-16-1287783

FORM 630 - Revised: 10/2016