



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

**Annual Report for the year: 2017**

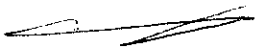
**Corporation**

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number <b>2861</b>		2. Exact name of the Corporation <b>BRISTOL COUNTY DODGE, INC.</b>			
3. Principal Office Address <b>310 WEST MAIN ROAD</b>		City <b>MIDDLETOWN</b>		State <b>RI</b>	Zip <b>02842</b>
4. NAICS Code <b>81 - Other Services (except Pul</b>	6. Brief description of the character of business conducted in Rhode Island <b>AUTOMOBILE SALES, SERVICE AND REPAIR</b>				
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>KEVIN CLARE</b>			Vice-President Name <b>ROBERT CAMPELLONE</b>		
Street Address <b>310 WEST MAIN ROAD</b>			Street Address <b>310 WEST MAIN ROAD</b>		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
Secretary Name <b>ROBERT CAMPELLONE</b>			Treasurer Name <b>ROBERT CAMPELLONE</b>		
Street Address <b>310 WEST MAIN ROAD</b>			Street Address <b>310 WEST MAIN ROAD</b>		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ROBERT CAMPELLONE</b>			Director Name <b>KEVIN CLARE</b>		
Street Address <b>310 WEST MAIN ROAD</b>			Street Address <b>310 WEST MAIN ROAD</b>		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 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. <b>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.</b>					
Name of Authorized Representative <b>KEVIN CLARE, PRESIDENT</b>				Date <b>1-31</b> , 2017	
Signature of Authorized Representative  <span style="float: right;">SIGN DOCUMENT HERE <b>FILED</b></span>					

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

**FEB 03 2017**

BY

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FORM 630 - Revised: 10/2016