



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 <b>115631</b>		2. Exact name of the Corporation <b>Shannon Motors Acceptance Corporation, Inc.</b>												
3. Principal Office Address <b>648 Killingly Street</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>									
4. NAICS Code <b>44-45 - Retail Trade</b>		6. Brief description of the character of business conducted in Rhode Island <b>Automobile service station, used car sales.</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>John J. Gosselin</b>			Vice-President Name <b>John J. Gosselin</b>											
Street Address <b>648 Killingly Street</b>			Street Address <b>same as above</b>											
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip									
Secretary Name <b>John J. Gosselin</b>			Treasurer Name <b>John J. Gosselin</b>											
Street Address <b>same as above</b>			Street Address <b>same as above</b>											
City	State	Zip	City	State	Zip									
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>John J. Gosselin</b>			Director Name											
Street Address <b>same as above</b>			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 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>											
			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="text-align:left">NUMBER OF SHARES</th> <th style="text-align:left">CLASS/SERIES</th> <th style="text-align:left">PAR VALUE</th> </tr> <tr> <td><b>200</b></td> <td><b>common</b></td> <td><b>no par value</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>200</b>	<b>common</b>	<b>no par value</b>			
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<b>200</b>	<b>common</b>	<b>no par value</b>												
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>John J. Gosselin, President</b>					Date									
Signature of Authorized Representative 														

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

**FILED**

**FEB 21 2017**

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