



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

Annual Report for the year: 2017
 Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV
 2017 DEC 13 AM 11:45

- 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 103613		2. Exact name of the Corporation MONQUEON AUTO + TRUCK CO. P.				
3. Principal Office Address 1056 Eddie Dowling Hwy			City N. SMITHFIELD	State RI	Zip 02896	
4. NAICS Code 44120		6. Brief description of the character of business conducted in Rhode Island AUTO + TRUCK SALES				
5. State of Incorporation Rhode Island						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name NOBBETT MONQUEON			Vice-President Name SAME			
Street Address 481 IRON MINE Hill Rd.			Street Address			
City N. SMITHFIELD	State RI	Zip 02896	City	State	Zip	
Secretary Name SAME			Treasurer Name SAME			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name			Director Name			
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 <input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		600			0	
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 NOBBETT MONQUEON					Date 12-13-17	
Signature of Authorized Representative 					FILED DEC 13 2017 11:45	

MAIL TO:
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BY CA 319735