



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

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

Annual Report for the year: 2018
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 000008865 | | 2. Exact name of the Corporation TARBOX MOTORS INC. | | | |
| 3. Principal Office Address 275 CHIMNEY ROCK ROAD <i>191 Georgia Ave</i> | | City North Kingstown | | State RI | Zip 02852 |
| 4. NAICS Code 441110 | | 6. Brief description of the character of business conducted in Rhode Island AUTOMOBILE DEALERSHIP | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name JAMES D. TARBOX | | | Vice-President Name NICHOLAS D. TARBOX JR. | | |
| Street Address 275 CHIMNEY ROCK ROAD <i>191 Georgia Ave</i> | | | Street Address 140 ROGER WILLIAMS DRIVE | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| Secretary Name JAMES D. TARBOX | | | Treasurer Name JAMES D. TARBOX | | |
| Street Address 275 CHIMNEY ROCK ROAD <i>191 Georgia Ave</i> | | | Street Address 275 CHIMNEY ROCK ROAD <i>191 Georgia Ave</i> | | |
| City NORTH KINGSTOWN | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name JAMES D. TARBOX | | | Director Name | | |
| Street Address 275 CHIMNEY ROCK ROAD <i>191 Georgia Ave</i> | | | Street Address | | |
| City NORTH KINGSTOWN | State RI | Zip 02852 | 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 |
| | | 9050 | | CNP, Series B | \$0.0 |
| | | 181 | | CNP, Series A | \$0.0 |
| 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 <i>James Tarbox</i> | | | | | Date <i>1/27/18</i> |
| Signature of Authorized Representative <i>[Signature]</i> | | | SIGN DOCUMENT HERE FILED | | |

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

FEB 13 2018
 BY 1131405