



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

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 000113905		2. Exact name of the Corporation Post Road Motors, Inc.			
3. Principal Office Address 7335 Post Road			City North Kingstown	State RI	Zip 02852
4. NAICS Code 441110	6. Brief description of the character of business conducted in Rhode Island To sell automobiles, trucks, trailers and accessories at wholesale and retail				
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 Gordon Kilday, Jr.			Vice-President Name		
Street Address 7335 Post Road			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Gordon Kilday, Jr.			Treasurer Name Gordon Kilday, Jr.		
Street Address 7335 Post Road			Street Address 7335 Post Road		
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 Gordon Kilday, Jr.			Director Name		
Street Address 7335 Post Road			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		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100		no par value
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 Gordon Kilday, Jr.					Date 12-26-17
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

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FORM 630 - Revised: 10/2017