RI SOS Filing Number: 201859710250 Date: 3/2/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

STAMP

1. Entity ID Number	2. Exact name of the Corporation
36227	Herb Chambers Cadillac, Inc.

3. Principal Office Address	City	State	Zip
1511 Bald Hill Road	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
44-45 Retail Trade	Sales and service of automobiles
5. State of Incorporation: Rhode Island	44/120

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Herbert G. Chambers	317 Ferry Road	Old Lyme	CT	06371

Vice-President Name	Street Address	City	State	Zip
James A. Duchesneau	304 Old Farms Road	South Glastonbury	CT	06073

Secretary Name	Street Address	City	State	Zip
James A. Duchesneau	304 Old Farms Road	South Glastonbury	CT	06073

Treasurer Name	Street Address	City	State	Zip
Herbert G. Chambers	317 Ferry Road	Old Lyme	CT	06371

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Herbert G. Chambers	317 Ferry Road	Old Lyme	CT	06371

Director Name	Street Address	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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
8,000		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	Date
James A. Duchesneau	2/19/2017

Signature of Authorized Representative: James A. Duchesneau SIGN DOCUMENT HERE

FILED

MAR 08 2018

BY 923985

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

FORM 630 - Revised: 10/2017