State of Rhode Island ar Department of St			ivision			2018	00 00 00 00	
Annual Report for the ye	ear: <u>2018</u>		-			KAR -	1 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
 → Filing period: January 1 - → Filing Fee: \$50.00 → Penalty: Additional \$25.00 				2 PH 3	201015 S 20 A S 20 A			
Entity ID Number 2. Exact name of the Corporation								
143001	Wheelock's Auto Group VI, Inc.							
3. Principal Office Address			City		State	I	Zip	
1925 Pawtucket Avenue			East Provid	lence	RI		02914	
4. NAICS Code	Brief description of the character of business conducted in Rhode Island							
441310	The ownership and operation of a motor vehicle supply business							
State of Incorporation RI]							
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Joseph G. Wheel	Vice-President Name Rosemary M. Wheelock							
Street Address 338 Sage Trail			Street Address 338 Sage Trail					
^{City} North Kingsto w n	State RI	^{Zıp} 02852	City North Ki	ingstown	State RI		^{Zip} 02852	
Secretary Name Rosemary M. Wheelock			Treasurer Name Joseph G. Wheelock					
Street Address 338 Sage Trail	Street Address 338 Sage Trail							
City North Kingstown	State RI	^{Zıp} 02852	City North K	State RI		^{Žip} 02852		
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name Joseph G. Wheelock			Director Name Rosemary M. Wheelock					
Street Address 338 Sage Trail			Street Address 338 Sage Trail					
City North Kingstown	State RI	Zip 02852	City North Kingstown		State RI		^{Zıp} 02852	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zıp	City		State		Zıp	
Shares Authorized This Information is currently of record in the			10. Shares Issued NUMBER OF SHARES		Check the box to indicate an attachment SS/SERIES PAR VALUE			
Department of State.		500		I		T	o Par Value	
Changes require an additional filling.								
11. This report must be executed trustee, this report must be execu					ation is in t	the hands	of a receiver or	
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 Joseph G. Wheelock					Date 3/13/18			
Signature of Authorized Representative								
SIGN DOCUMENT HERE LED								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 1 2 2018 By 32 4 34/