



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATE DIVISION
 2018 MAR 12 PM 2:02

1. Entity ID Number 94451		2. Exact name of the Corporation Wheelock's Auto Mart, Inc.												
3. Principal Office Address 1925 Pawtucket Avenue			City East Providence	State RI	Zip 02914									
4. NAICS Code 441310		6. Brief description of the character of business conducted in Rhode Island The ownership and operation of a motor vehicle supply business												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Joseph G. Wheelock			Vice-President 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	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	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 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	Zip 02852									
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"/>														
<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	Common	No Par Value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
500	Common	No Par Value												
This information is currently of record in the Department of State. Changes require an additional filing.														
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 Joseph G. Wheelock					Date 3/12/18									
Signature of Authorized Representative 					FILED SIGN DOCUMENT HERE MAR 12 2018 BY 326361									