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

State of Rhode Island Department of	State - Busine	ss Services l	Division	<b>A</b> ******	<b>h</b>	20th No RATIO	
Annual Report for the Corporation	3	Services Division  OFFICE COPY  AUG 30  AH					
<ul> <li>→ Filing period: January 1</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.0</li> </ul>		t filed by April 1.					
1. Entity ID Number		2. Exact name of the Corporation LISE MOTORS, INC.					
36329	LISE MIC		City		TState	Zip	
3. Principal Office Address 45 FOUNDRY STREET			City WOONSOCK		RI	02895	
4. NAICS Code 811111		6. Brief description of the character of business conducted in Rhode Island AUTO BODY REPAIR AND SALES OF USED CARS					
5. State of Incorporation RHODE ISLAND							
7. List ALL officers (names and	addresses)			Check t	he box to Ir	idicate an attachment 🔲	
President Name KEVIN P. TOUR	Vice-President Name KEVIN P. TOUPIN						
Street Address 238 BURRINGTO	Street Address 238 BURRINGTON STREET						
City WOONSOCKET	State RI	<sup>Zlp</sup> 02895	City WOONSOCKET		State RI	<sup>Žip</sup> 02895	
Secretary Name KEVIN P. TOUPIN			Treasurer Name KEVIN P. TOUPIN				
Street Address 238 BURRINGTON STREET				Street Address 238 BURRINGTON STREET			
City WOONSOCKET	State RI	<sup>Zip</sup> 02895	City WOONSOCKET		State RI	<sup>Zip</sup> 02895	
8. List ALL directors (names ar	nd addresses)	·	Director Name		the box to in	ndicate an attachment	
Director Name KEVIN P. TOUP							
Street Address 238 BURRINGT	Street Addross  City   State   Zip						
CITY WOONSOCKET	State RI	<sup>Zip</sup> 02895	City			Zip	
Director Namo			Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Is:		Check the box to indicate an attachment Characteries			
		200	OF SHARES	COMMON N		NO PAR	
11. This report must be execut trustee, this report must be ex	ecuted on behalf of	the corporation by	the receiver or tr	ustee.			
Under penalty of perjury, I destatements, and that all state	eclere and affirm ements contained	that I have examir	ned this report, i	ncluding any accom		chedules and	
Name of Authorized Represen KEVIN P. TOUPIN				Date $g/a$	28/18		
Signature of Authorized Repre	sentative	SIGN DC	OCUMENT HERE	24		~ / · ·	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

AUG 3 0 2018 11.53

BY KL OCPX

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