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

Annual Report for the year: 2018
Corporation

OFFICE COPY

→ 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	2. Exact name of the Corporation			
36329	LISE MOTORS, INC.			
3. Principal Office Address		City	State	Zip
45 FOUNDRY STREET		WOONSOCKET	RI	02895
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
811111	AUTO BODY REPAIR AND SALES OF USED CARS			
5. State of Incorporation				
RHODE ISLAND				

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

President Name KEVIN P. TOUPIN			Vice-President Name KEVIN P. TOUPIN		
Street Address 238 BURRINGTON STREET			Street Address 238 BURRINGTON STREET		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 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	Zip 02895	City WOONSOCKET	State RI	Zip 02895

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

Director Name KEVIN P. TOUPIN			Director Name		
Street Address 238 BURRINGTON STREET			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
Director Name			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 Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	COMMON	NO PAR

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: KEVIN P. TOUPIN

Date: 8/28/18

Signature of Authorized Representative: SIGN DOCUMENT HERE

FILED
AUG 30 2018 11:53
BY VLC QCP29

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