



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JAN 07 2019

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 8942
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1. Entity ID Number <u>000098778</u>		2. Exact name of the Corporation <u>Motors EAST Inc.</u>	
3. Principal Office Address <u>268 Mendon Rd</u>		City <u>Combenland</u>	State <u>RI</u>
4. NAICS Code <u>424445</u>		6. Brief description of the character of business conducted in Rhode Island <u>used Auto Sales + Service</u>	
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Jose C. Costa</u>		Vice-President Name <u>Jose C. Costa</u>	
Street Address <u>137 Hines Rd.</u>		Street Address <u>137 Hines Rd.</u>	
City <u>Combenland</u>	State <u>RI</u>	City <u>Combenland</u>	State <u>RI</u>
Zip <u>02864</u>		Zip <u>02864</u>	
Secretary Name <u>Jose C. Costa</u>		Treasurer Name <u>Jose C. Costa</u>	
Street Address <u>137 Hines Rd.</u>		Street Address <u>137 Hines Rd.</u>	
City <u>Combenland</u>	State <u>RI</u>	City <u>Combenland</u>	State <u>RI</u>
Zip <u>02864</u>		Zip <u>02864</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Jose C. Costa</u>		Director Name <u>Jose C. Costa</u>	
Street Address <u>137 Hines Rd.</u>		Street Address <u>137 Hines Rd.</u>	
City <u>Combenland</u>	State <u>RI</u>	City <u>Combenland</u>	State <u>RI</u>
Zip <u>02864</u>		Zip <u>02864</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.		10. Shares Issued	
Changes require an additional filing.		NUMBER OF SHARES <u>100</u>	CLASS/SERIES <u>COMMON</u>
			PAR VALUE <u>NPV</u>
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 <u>Jose C. Costa</u>		Date <u>1-3-19</u>	
Signature of Authorized Representative <u>Jose C. Costa</u>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov