KI 505 F	-iling Number: 2	201985132560	Date: 1/2	4/2019 4:00:00	PIVI		
	and and Providence F of State - Busin		Division		_		
Annual Report for the Corporation	9				STAMP		
 → Filing period: Januar → Filing Fee: \$50.00 → Penalty: Additional \$2 		ot filed by April 1.				gar Silver Silver Ground Artis	
1. Entity ID Number	2. Exact nan	ne of the Corporatio	on .			- -	
115631	Shannor	Shannon Motors Acceptance Corporation, Inc.					
3. Principal Office Address	<u> </u>		City		State	Zip	
648 Killingly Street			Johnston		RI	02919	
4. NAICS Code	6. Brief desc	ription of the charac	cter of business co	onducted in Rhode Is	land	<u> </u>	
441120	Automobile	Automobile service station, used car sales.					
5. State of Incorporation							
Rhode Island							
7. List ALL officers (names	and addresses)			Check t	he box to	indicate an attachment [
President Name John J. Gosselin			Vice-President Name John J. Gosselin				
Street Address 648 Killingly Street			Street Address same as above				
City Johnston	State RI	^{Zip} 02919	City		State	Zip	
Secretary Name John J. Go	sselin		Treasurer Nam	e John J. Gosselin			
Street Address same as above			Street Address same as above				
City	State	Zip	City		State	Zip	
8. List ALL directors (name:	s and addresses)			Check	the box to	Indicate an attachment	
Director Name John J. Gos	Director Name						
Street Address same as above			Street Address				
City	State	Zıp	City		State	Zıp	
Director Name			Director Name			<u></u>	
Street Address			Street Address			-	
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Is:	<u> </u>	Check 1	the box to	Lindicate an attachment [
This information is currently of record in the Department of State.		NUMBER OF SHARES		C:ASS/SERIES PAR VALUE			
		200	-	common		no par value	
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

John J. Gosselin, President Signature of Muthorized Representative

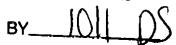
SIGN DOCUMENT HERE

Date

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