



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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.

1. Entity ID Number 150070		2. Exact name of the Corporation Flood Automotive, Inc.	
3. Principal Office Address 21 Woodruff Ave.		City Narragansett	State RI
		Zip 02882	
4. NAICS Code 441110	6. Brief description of the character of business conducted in Rhode Island sales and service of autos and trucks		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Michael J. Flood		Vice-President Name None	
Street Address 90 Narrow Lane		Street Address	
City Exeter	State RI	Zip 02822	
Secretary Name Donna Flood		Treasurer Name Michael J. Flood	
Street Address 90 Narrow Lane		Street Address 90 Narrow Lane	
City Exeter	State RI	Zip 02822	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name None		Director Name None	
Street Address		Street Address	
City	State	Zip	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	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.			
Changes require an additional filing.			
10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
1000		Common	.01 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 Michael J. Flood			Date 1-21-2019
Signature of Authorized Representative <i>Michael J. Flood</i> Pres			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov

FILED**JAN 28 2019**

FORM 630 - Revised: 10/2017