



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

FILED

Annual Report for the year: 2020
 Corporation

JAN 08 2020

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 1043 OS

1. Entity ID Number 000098778		2. Exact name of the Corporation Motors EAST Inc.			
3. Principal Office Address 268 Mendon Rd		City Cumberland		State RI	Zip 02864
4. NAICS Code 424445		6. Brief description of the character of business conducted in Rhode Island Used Auto Sales + Service			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jose C. Costa			Vice-President Name Jose C. Costa		
Street Address 137 Hines Rd			Street Address 137 Hines Rd		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Jose C. Costa			Treasurer Name Jose C. Costa		
Street Address 137 Hines Rd			Street Address 137 Hines Rd		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jose C. Costa			Director Name		
Street Address 137 Hines Rd			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PARTIALS
		100		COMMON	NPV
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 Jose C. Costa				Date 1-6-2020	
Signature of Authorized Representative <i>Jose C. Costa</i>					