



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

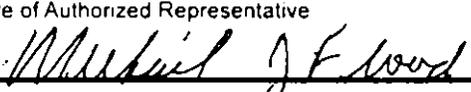
FILE!

Annual Report for the year: 2020
Corporation

JAN 22 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 3008L DS

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	City	State	Zip
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	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	City	State	Zip
Director Name None			Director Name None		
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	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 1-16-2020
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov