



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

STAMP

1. Entity ID Number 12263		2. Exact name of the Corporation SMITHFIELD MOTOR SALES, INC.			
3. Principal Office Address 527 Smithfield Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 441120	6. Brief description of the character of business conducted in Rhode Island motor vehicle sales				
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Christopher J. Caccia			Vice-President Name Anthony Natale		
Street Address 5 Hanton City Trail			Street Address 935 Mineral Spring Avenue		
City Smithfield	State RI	Zip 02917	City North Providence	State RI	Zip 02904
Secretary Name Cheryl Caccia			Treasurer Name Justine Caccia		
Street Address 205 Terrace Avenue			Street Address 5 Hanton City Trail		
City Riverside	State RI	Zip 02915	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Christopher J. Caccia			Director Name Anthony Natale		
Street Address 5 Hanton City Trail			Street Address 935 Mineral Spring Avenue		
City Smithfield	State RI	Zip 02917	City North Providence	State RI	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	No 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 Christopher J. Caccia, President					Date 1/30/20
Signature of Authorized Representative 					FILED SIGN DOCUMENT HERE

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

JAN 31 2020

BY

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FORM 630 - Revised: 10/2017