



RI SOS Filing Number: 202039377850 Date: 5/6/2020 3:44:00 PM

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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

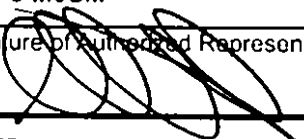
→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV  
2020 MAY -6 PM 3:42

STAMP

1. Entity ID Number <b>000003577</b>		2. Exact name of the Corporation <b>McGill Chevrolet, Inc.</b>			
3. Principal Office Address <b>106 W Broad St</b>		City <b>Pawcatuck</b>		State <b>CT</b>	Zip <b>06379</b>
4. NAICS Code <b>441110</b>		6. Brief description of the character of business conducted in Rhode Island <b>auto sales and service</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Sean C McGill</b>			Vice-President Name		
Street Address <b>22 Colonial Dr</b>			Street Address		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City	State	Zip
Secretary Name			Treasurer Name <b>Sean McGill</b>		
Street Address			Street Address <b>22 Colonial Dr</b>		
City	State	Zip	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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	
<b>250</b>		<b>CNP</b>		<b>0.00</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Sean C McGill</b>					Date
Signature of Authorized Representative 					
SIGN DOCUMENT HERE <b>FILED</b>					

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.govMAY 06 2020 3:44  
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