



RI SOS Filing Number: 202039378000

Date: 5/6/2020 3:42:00 PM

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

STAMP

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

SIGN DOCUMENT HERE

FILED

MAY 06 2020

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

FORM 630 - Revised: 10/2017