



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

STAMP

Annual Report for the year: **2019**
 Corporation

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

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

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------|---------------------|
| 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. <i>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.</i> | | | | | |
| Name of Authorized Representative Sean C McGill | | | | | Date |
| Signature of Authorized Representative | | | | | |

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 SIGN DOCUMENT HERE
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