



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED

FEB 16 2021

2159

1. Entity ID Number 000064993		2. Exact name of the Corporation South County Motors, Inc.			
3. Principal Office Address 73 Brook Farm Road South			City Wakefield	State RI	Zip 02879
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island Automobile dealership and repairs			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name George J. Siegmund			Vice-President Name George J. Siegmund		
Street Address 73 Brook Farm Road South			Street Address 73 Brook Farm Road South		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name George J. Siegmund			Treasurer Name George J. Siegmund		
Street Address 73 Brook Farm Road South			Street Address 73 Brook Farm Road South		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name George J. Siegmund			Director Name		
Street Address 73 Brook Farm Road South			Street Address		
City Wakefield	State RI	Zip 02879	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			120		
			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 George J. Siegmund					Date 1-25-21
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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