State of Rhode Island

Department of State - Business Services Division

FILED
FEB 16 2021
2159

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.

1. Entity ID Number	2. Exact name of the Corporation
000064993	South County Motors, Inc.

3. Principal Office Address	City	State	Zip
73 Brook Farm Road South	Wakefield	RI	02879

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
441120	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

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 ☐

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	Date
George J Siegmund	1-25-21

Signature of Authorized Representative: President

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. 08/2020