



State of Rhode Island and Providence Plantations

## 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.

FEB 23 2021  
4436  
DS

1. Entity ID Number 36521		2. Exact name of the Corporation <b>Sandy Motors, Inc.</b>			
3. Principal Office Address <b>116 Sandy Bottom Road</b>		City <b>Coventry</b>		State <b>RI</b>	Zip <b>02816</b>
4. NAICS Code <b>441120</b>	6. Brief description of the character of business conducted in Rhode Island <b>Sale and repair automobiles</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>Robert E. McGowan</b>			Vice-President Name <b>John H. McGowan</b>		
Street Address <b>116 Sandy Bottom Road</b>			Street Address <b>116 Sandy Bottom Road</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
Secretary Name <b>Jean McGowan</b>			Treasurer Name <b>Robert E. McGowan</b>		
Street Address <b>116 Sandy Bottom Road</b>			Street Address <b>116 Sandy Bottom Road</b>		
City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</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			10. Shares Issued <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.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<b>500</b>	<b>Common</b>	<b>No Par Value</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>Robert E. McGowan</b>					Date <b>2-9-21</b>
Signature of Authorized Representative 					SIGN DOCUMENT HERE

## 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