



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

## Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 02 2023

BY 35264

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1. Entity ID Number 150070		2. Exact name of the Corporation Flood Automotive, Inc.												
3. Principal Office Address 21 Woodruff Ave.			City Narragansett	State RI	Zip 02882									
4. NAICS Code 441110		6. Brief description of the character of business conducted in Rhode Island sales and service of autos and trucks												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name Michael J. Flood			Vice-President Name None											
Street Address 90 Narrow Lane			Street Address											
City Exeter	State RI	Zip 02822	City	State	Zip									
Secretary Name Donna Flood			Treasurer Name Michael J. Flood											
Street Address 90 Narrow Lane			Street Address 90 Narrow Lane											
City Exeter	State RI	Zip 02822	City Exeter	State RI	Zip 02822									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name None			Director Name None											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name None			Director Name None											
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>Common</td> <td>.01 Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	Common	.01 Par			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
1000	Common	.01 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 <i>Michael J. Flood Pres</i>				Date 1-29-2023										
Signature of Authorized Representative														

## MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov