



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.

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BUS SVCS DIV

2023 DEC 28 P 12:15

1. Entity ID Number <b>98778</b>		2. Exact name of the Corporation <b>MOTORS EAST, INC.</b>			
3. Principal Office Address <b>268 MENDON ROAD</b>			City <b>CUMBERLAND</b>	State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>424445</b>		6. Brief description of the character of business conducted in Rhode Island <b>USED AUTO SALES AND SERVICE</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>CARLOS A CAUCALI</b>			Vice-President Name <b>MIGUEL A BOJOLA</b>		
Street Address <b>108 COLUMBUS AVE</b>			Street Address <b>687 NEWPORT AVE</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>
Secretary Name <b>CARLOS A CAUCALI</b>			Secretary Name <b>MIGUEL A BOJOLA</b>		
Street Address <b>108 COLUMBUS AVE</b>			Street Address <b>687 NEWPORT AVE</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</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 <b>CARLOS A CAUCALI</b>			Director Name <b>MIGUEL A BOJOLA</b>		
Street Address <b>108 COLUMBUS AVE</b>			Street Address <b>687 NEWPORT AVE</b>		
City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>PAWTUCKET</b>	State <b>RI</b>	Zip <b>02861</b>
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
			100		CNP
			PAR VALUE		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. <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>CARLOS A CAUCALI</b>					Date <b>9-15-2022</b>
Signature of Authorized Representative 					<b>FILED</b>

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

DEC 28 2023

12:17pm

BY LKS QCZ9W

FORM 630 - Revised: 11/2021