



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
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
STAMP

APR 24 2024

BY S293DS

1. Entry ID Number 12263		2. Exact name of the Corporation SMITHFIELD MOTOR SALES, INC.			
3. Principal Office Address 527 Smithfield Road		City Pawtucket		State RI	Zip 02860
4. NAICS Code 441120		6. Brief description of the character of business conducted in Rhode Island motor vehicle sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anthony Caccia, Jr.			Vice-President Name Christopher J. Caccia		
Street Address 215 High Service Avenue			Street Address 5 Hanton City Trail		
City North Providence	State RI	Zip 02904	City Smithfield	State RI	Zip 02917
Secretary Name Christopher J. Caccia			Treasurer Name Anthony Caccia, Jr.		
Street Address 5 Hanton City Trail			Street Address 215 High Service Avenue		
City Smithfield	State RI	Zip 02917	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christopher J. Caccia			Director Name Anthony Caccia, Jr.		
Street Address 5 Hanton City Trail			Street Address 215 High Service Avenue		
City Smithfield	State RI	Zip 02917	City North Providence	State RI	Zip 02904
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 <input type="checkbox"/>					
This information is currently of record in the Department of State.					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
200		Common		No Par	
Changes require an additional filing.					
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 Anthony Caccia, Jr., President					Date 4-12-24
Signature of Authorized Representative 					

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: 11/2021