



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

APR 26 2024

BY

1. Entity ID Number 10553		2. Exact name of the Corporation Shannon Motors Service Center, Inc.												
3. Principal Office Address 648 Killingly Street			City Johnston	State RI	Zip 02919									
4. NAICS Code 441310		6. Brief description of the character of business conducted in Rhode Island The sale and repair of new and used automobiles.												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name John J. Gosselin			Vice-President Name John J. Gosselin											
Street Address 648 Killingly Street			Street Address 648 Killingly Street											
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919									
Secretary Name John J. Gosselin			Treasurer Name John J. Gosselin											
Street Address same as above			Street Address same as above											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name John J. Gosselin			Director Name											
Street Address same as above			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 Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>300</td> <td>common</td> <td>no par value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	common	no par value			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
300	common	no par value												
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 John J. Gosselin, President					Date 4/18/24									
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