RI SOS Filing Number: 202454642520 Date: 5/14/2024 4:00:00 PM

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State of Rhode Island						EC.D.	
Department of St		ess Service	s Division			SIMA	
nnual Report for the year:	2024					05 35D ~1.43:54	
rporation - → Filing period: February 1 -	May 1	·				£ 50	
Filing Fee: \$50.00	IVIAY I					્રું 🖯	
→ Penalty: Additional \$25.00 f						<u> </u>	
Entity ID Number		ne of the Corporati	ion				
00113905	Post Road N	Motors, Inc.					
Principal Office Address			City	1 *		Zip	
7335 Post Road			North Kir	North Kingstown		02852	
NAICS Code	6. Brief desc	ription of the char	acter of business	s conducted in R	Rhode Island		
41110	To sell auto	mobiles, trucks, ti	railers and acces	sories at wholes	sale and retail		
State of Incorporation	┪						
Chode Island							
List ALL officers (names and ad	dresses)			Chec	k the box to indicat	te an attachment	
esident Name	Vice-Presid	Vice-President Name					
Gordon Kilday, Jr.	2						
7335 Post Road			Street Addr	Street Address			
ity Name William	State	Zip	City		State	Zıp	
North Kingstown	RI	02852					
cretary Name			Treasurer N	lame			
treet Address			Street Addr	ess			
				<del></del> . ——	State	17	
ity	State	Zip	City	City		Zıp	
. List ALL directors (names and a	addresses)			Chec	ck the box to indica	te an attachment	
rector Name	, od ( 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,		Director Na	ime			
			Ctoopt Adde				
treet Address			Street Addr	uss		_	
ity	State	Zip	City	City		Zip	
irector Name			Director Na	amė			
treet Address	Street Addi	Street Address					
			<u> </u>				
ity	State	Zip	City		State	Zip	
Charas Authorizad		10. Shares	Issued	Che	eck the box to indic	ate an attachmen	
. Shares Authorized his information is currently of reco	ord in the		R OF SHARES		ASS/SERIES	PÄR VALUE	
epartment of State.		Authorized	Authorized: 100		[:	\$0.0000	
hanges require an additional filing	g.	1.10		<del>                                     </del>			
			outstanding:100	Transportation II il	he corporation is in	the hands of a re	
This report must be executed eiver or trustee, this report must	ha avacutad d	in hohalf of the col	motation by the	receiver or irusi	. <del></del>		
Inder penalty of periury, I decl	are and affirm	i that i have exan	ninea this repoi	rt, including an	y accompanying	schedules and	
tatements, and th <u>at all statem</u>	<u>ents containe</u>	d herein are true	and correct.	<u> </u>	Date		
Name of Authorized Representative						5/13/2024	
James P. Redding					3/13/20	×4-7	
ignature of Authorized Represer	ntative	Inmas D. Bods	dina	FILED			
	/S/ -	James P. Redo	ninA				
AAU TO:				MAY 1 4 202	<u> </u>		

MAIL TO: Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov R1200 - 1/5/2024. Wolters Klower Online