RI SOS Filing Number: 202564386790 Date: 2/3/2025 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

FILEDS

Annual Report for the year: Corporation

2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FEB 03 2025 BY 155980

Terraity. Additional \$25.00 R	se ii ioiiii is iioi	illed by Iviay 31.							
Entity ID Number	2. Exact name of	of the Corporation							
000094588									
Principal Office Address			City				Zip		
6 Langworthy Road			Weste	rly	RI		02891		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island								
441110	sale, leasing and/or trading of motor vehicles								
State of Incorporation									
Rhode Island									
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name Robert A. Valenti			Vice-President Name William E. Goodwin						
Street Address 6 Langworthy R	worthy Road			Street Address 6 Langworthy Road					
^{City} Westerly	State RI	^{Zip} 02891	City Wes	sterly	State	RI	^{Zip} 02891		
Secretary Name Beth V. Goodw	Teaching								
Street Address 6 Langworthy R	6 Langworthy Road			Street Address 6 Langworthy Road					
^{City} Westerly	State RI	^{2₁p} 02891	City Wes	sterly	State	RI	^{Ζ_{ιρ}} 02891		
8. List ALL directors (names and ad	3. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name Robert A. Valenti				Beth V. Goodwin					
Street Address 6 Langworthy Road			Street Add	Street Address 6 Langworthy Road					
^{City} Westerly	State RI	^{Z_{1P}} 02891	City We	sterly	I .	RI	^{Z_{ip}} 02891		
Director Name Jean W. Morroy	Director Name Cheryl V. Quirk								
Street Address 6 Langworthy Road			Street Address 6 Langworthy Road						
^{City} Westerly	State RI	^{2ip} 02891	City Wes		State	RI	Zip 02891		
9 Shares Authorized		10. Shares Issu			e box to inc	licate an at			
This information is currently of record in the		NUMBER OF SHARES		CLASS/SEI	CLASS/SERIES PAR VALUE				
Department of State. Changes require an additional filing.		100		Common		no 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 re-									
ceiver or trustee, this report must be									
Under penalty of perjury, I declar statements, and that all statemen				t, including any acc	ompanyin	g scneaule	is and		
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date									
Rigers A. VALSO					12375				
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