



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

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
FEB 10 2025
BY 15346

1. Entity ID Number 000161639		2. Exact name of the Corporation EZ DMV Inc			
3. Principal Office Address 140 Meadow Ln			City Middletown	State RI	Zip 02842
4. NAICS Code 561410		6. Brief description of the character of business conducted in Rhode Island Processing motor vehicle transactions			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dennis P. Sullivan			Vice-President Name None		
Street Address 140 Meadow Ln			Street Address		
City	State	Zip	City	State	Zip
Secretary Name Dennis P. Sullivan			Treasurer Name Dennis P. Sullivan		
Street Address 140 Meadow Ln			Street Address 140 Meadow Ln		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dennis P. Sullivan			Director Name None		
Street Address 140 Meadow Ln			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
Director Name None			Director Name None		
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	1	0.0100	
		None	None	None	
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 Dennis P. Sullivan				Date 2-2-25	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov