




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.

FIELD  
FEB 14 2025  
BY 59151  
STAMP OR

1. Entity ID Number <b>266267</b>		2. Exact name of the Corporation <b>PAUL MASSE CHEVROLET SOUTH INC</b>									
3. Principal Office Address <b>399 MAIN ST</b>		City <b>WAKEFIELD</b>		State <b>RI</b>	Zip <b>02879</b>						
4. NAICS Code <b>441110</b>		6. Brief description of the character of business conducted in Rhode Island <b>AUTOMOBILE DEALERSHIP</b>									
5. State of Incorporation <b>RI</b>											
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
President Name <b>PAUL R MASSE</b>			Vice-President Name <b>MICHELLE M MASSE</b>								
Street Address <b>399 MAIN ST</b>			Street Address <b>399 MAIN ST</b>								
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>E PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>						
Secretary Name <b>KELLY AF GAULIN</b>			Treasurer Name <b>KELLY AF GAULIN</b>								
Street Address <b>399 MAIN ST</b>			Street Address <b>399 MAIN ST</b>								
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>						
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
Director Name			Director Name								
Street Address			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											
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>								
			<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE			
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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. <b>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.</b>											
Name of Authorized Representative <b>KELLY AF GAULIN, SECRETARY/TREASURER</b>					Date <b>2/10/25</b>						
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](http://www.sos.ri.gov)