



State of Rhode Island
Department of State - Business Services Division

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.

FIELD

FEB 14 2025
BY 069254
STAMP

1. Entity ID Number 532985		2. Exact name of the Corporation PAUL MASSE BUICK GMC SOUTH INC										
3. Principal Office Address 2909 TOWER HILL RD		City S KINGSTOWN	State RI									
		Zip 02874										
4. NAICS Code 441110	6. Brief description of the character of business conducted in Rhode Island AUTOMOBILE DEALERSHIP											
5. State of Incorporation RI												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name PAUL R MASSE		Vice-President Name RICHARD R MIGNANELLI										
Street Address 2909 TOWER HILL RD		Street Address 2909 TOWER HILL RD										
City S KINGSTOWN	State RI	City S KINGSTOWN	State RI									
Zip 02874		Zip 02874										
Secretary Name KELLY AF GAULIN		Treasurer Name KELLY AF GAULIN										
Street Address 2909 TOWER HILL RD		Street Address 2909 TOWER HILL RD										
City S KINGSTOWN	State RI	City S KINGSTOWN	State RI									
Zip 02874		Zip 02874										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	City	State									
Zip		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.		<table border="1"> <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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Changes require an additional filing.												
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 KELLY AF GAULIN, SECRETARY/TREASURER			Date 2/10/25									
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