



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.

REC'D
25 FEB 19 PM 1:25:40
TAMP
FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number <u>17463</u>		2. Exact name of the Corporation <u>Westminster Motors LTD</u>			
3. Principal Office Address <u>550 Valley ST</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02908</u>
4. NAICS Code <u>441120</u>		6. Brief description of the character of business conducted in Rhode Island <u>Sales Use Cars</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>MERY LOPEZ</u>			Vice-President Name		
Street Address <u>59 Redwing ST</u>			Street Address		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>SARASOTA</u>	State <u>FL</u>	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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			10. Shares Issued Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			<u>100</u>	<u>CNP</u>	<u>0</u>
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 <u>MERY LOPEZ</u>					Date <u>2/19/25</u>
Signature of Authorized Representative <u>Mery Lopez</u>					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 19 2025

BY 8PA55

FORM 630- Revised 12/2023