



**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

MAR 24 2025

CB BY 90994

| | | | | | |
|--|-----------------|--|---|--------------------|------------------------|
| 1. Entity ID Number 1869 | | 2. Exact name of the Corporation Bailey's Motor Sales, Inc. | | | |
| 3. Principal Office Address 425 Ten Rod Road | | | City North Kingstown | State RI | Zip 02852 |
| 4. NAICS Code 441110 | | 6. Brief description of the character of business conducted in Rhode Island sales and service of new and used cars | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Maureen Bailey | | | Vice-President Name Alicia R. Bailey | | |
| Street Address 425 Ten Rod Road | | | Street Address 391 Ten Rod Road | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| Secretary Name Stephanie Bailey-Alling | | | Treasurer Name Maureen Bailey | | |
| Street Address 1148 Wordens Pond Road | | | Street Address 425 Ten Rod Road | | |
| City Wakefield | State RI | Zip 02879 | City North Kingstown | State RI | Zip 02852 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Maureen Bailey | | | Director Name | | |
| Street Address 425 Ten Rod Road | | | Street Address | | |
| City North Kingstown | State RI | Zip 02852 | 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 <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 | | common | no par value |
| 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 Maureen Bailey, President | | | | | Date 3/17/25 |
| Signature of Authorized Representative <i>Maureen Bailey</i> | | | | | |

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