RI SOS Filing Number: 202573417960 Date: 5/19/2025 4:00:00 PM

State of Rhode Isla Department of S		ess Services I	Division		125 MAY	REC'D R		
Annual Report for the year:		.55 001 11005	Bivision	, RECEIVE	+ □ □	.RDC 1	•	
Corporation ————————————————————————————————————					2			
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 3			7:0 7:0					
Penalty: Additional \$25.00	fee if form is not	filed by May 31.		3 M/Y 10 ,5.	<u> 2 16 0</u>			
10553		2. Exact name of the Corporation Shannon Motors Service Center, Inc.						
3. Principal Office Address			City					
648 Killingly Street			Johns	ton	RI		02919	
4. NAICS Code				ss conducted in Rhoc	•		_	
441310	The sale and repair of new and used automobiles.							
5. State of Incorporation Rhode Island								
7. List ALL officers (names and a	iddresses)			Check the	e box to indi	cate an att	achment 🗀	
President Name John J. Gosselin			Vice-Presi	Vice-President Name John J. Gosselin				
Street Address 648 Killingly Street				Street Address 648 Killingly Street				
City Johnston	State RI	^{Zip} 02919	City	nston	State	RI	Zip 02919	
Secretary Name John J. Goss		02010		Treasurer Name John J. Gosselin				
Street Address same as above			Street Add	Street Address same as above				
City	State Zip		City Sainte as above		State	State Z _{IP}		
8. List ALL directors (names and addresses)			Check the box to indicate an attachment					
Director Name John J. Gosselin			Director Name					
Street Address same as abov			Street Add	Iress	<u> </u>			
City	State	Žip	City	City		State Zip		
Director Name		<u> </u>	Director N	Director Name		-	1	
Street Address			Street Address					
Ciiy State		Zip	City	City		State Zip		
O. Chasan Authorized	<u> </u>	140 06		OL - 11. AL		1'1	<u> </u>	
This information is currently of record in the			10. Shares Issued Check the box to indicate an attachment NUMBER OF SHARES CLASS/SERIES PAR VALUE					
		300		common	ommon		no par value	
 This report must be executed ceiver or trustee, this report must 					orporation is	in the hand	ds of a re-	
Under penalty of perjury, I dec statements, and that all statem	lare and affirm th	at I have examine	ed this repo		companyin	g schedule	es and	
Name of Authorized Representative				Date				
John J. Gosselin, President Signature of Manorized Bepresentative					1 4	14/19		
Signature of Authorized Represe	mative		<i>-</i>	_				
MANUTO:		MAY	2025	714				
Division of Business Services 148 W. River Street, Providence, Rho	ode Island 02904-261	BY ()	215	1111				

Phone: (401) 222-3040 Website: www.sos.ri.gov