



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.

RECEIVED  
MAY 10 2025

REC'D RIDOS BSD  
25 MAY 1 PM 2:17:00

1. Entity ID Number 10553		2. Exact name of the Corporation Shannon Motors Service Center, Inc.			
3. Principal Office Address 648 Killingly Street		City Johnston		State RI	Zip 02919
4. NAICS Code 441310	6. Brief description of the character of business conducted in Rhode Island The sale and repair of new and used automobiles.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name John J. Gosselin			Vice-President Name John J. Gosselin		
Street Address 648 Killingly Street			Street Address 648 Killingly Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name John J. Gosselin			Treasurer Name John J. Gosselin		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name John J. Gosselin			Director Name		
Street Address same as above			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		300	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. <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 John J. Gosselin, President					Date 4/18/25
Signature of Authorized Representative 					

FILED

MAY 10 2025

BY 0315 AA

MAIL TO:  
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