RI SOS Filing Number: 202573416530 Date: 5/22/2025 4:00:00 PM

|  |                      |   |                |                             | <u> </u>          |               |  |
|--|----------------------|---|----------------|-----------------------------|-------------------|---------------|--|
|  |                      |   |                |                             | <br>90            |               |  |
| State of Rhode Island  |                      |   |                |                             | ¥2                |               |  |
| Department of State - Business Services Division   |                      |   |                |                             | 200               | ·             |  |
| Annual Report for the year:  Corporation   |                      |   |                |                             | IDOS 85D          |               |  |
| → Filing period: February 1 - May 1  |                      |   |                |                             | 500               |               |  |
| → Filing Fee: \$50.00  |                      |   |                |                             | တ္တဆ              |               |  |
| → Penalty: Additional \$25.00 fee if form is not filed by May 31.  1. Entity ID Number 2. Exact name of the Corporation  |                      |   |                |                             | <u> </u>          |               |  |
| 00 new86   | King Phillip Motors  |   |                |                             |                   |               |  |
| 3. Principal Office Address  |                      |   | City           |                             | State             | Zip           |  |
| 331 Metacom  | Ave                  |   | 12ci           | 5+01                        | RI                | 02809         |  |
| 4. NAICS Code  |                      | 6. Brief description of the character of business conducted in Rhode Island |                |                             |                   |               |  |
| 441120   | •                    | Automotive wholesale and retail sales of                                    |                |                             |                   |               |  |
| 5. State of Incorporation  | used vehicles.       |   |                |                             |                   |               |  |
| KI   | KT                   |   |                |                             |                   |               |  |
| 7. List ALL officers (names and ad   | dresses)             |   | T              |                             | to indicate an    | attachment 🔲  |  |
| President Name DAMON GOGNON Vice-President Name  |                      |   |                |                             |                   |               |  |
| Street Address 431 Chestart St.  |                      |   | Street Address |                             |                   |               |  |
| city Bristol   | State                | 209<br>02809  | City           |                             | State             | Zıp           |  |
| Secretary Name   | 1 1/42               | PCOVI   | Treasurer Name |                             |                   |               |  |
| Street Address   |                      |   | Street Address |                             |                   |               |  |
| City   | State                | Zip   | City           |                             | State             | Zip           |  |
| 8. List ALL directors (names and a   | ddresses)            | I   | I              | Check the box               | to indicate an    | attachment    |  |
| Director Name  |                      |   |                | Director Name               |                   |               |  |
| Street Address   |                      |   |                | Street Address              |                   |               |  |
| Officer Address  |                      |   | Olicel Fide    | <b>C33</b>                  |                   |               |  |
| 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 Issue  | ıd             | Check the box               | t to indicate ai  | n attachment  |  |
| This Information is currently of reco  | rd in the            | NUMBER OF S   | HARES          | CLASS/SERIES                |                   | PAR VALUE     |  |
| Department of State.   |                      | 3∞  |                | ø                           |                   | D             |  |
| Changes require an additional filing   | •                    |   |                |                             |                   |               |  |
| 11. This report must be executed of  | on behalf of the con | poration by an aut  | horized rep    | resentative. If the corpora | ition is in the h | ands of a re- |  |
| ceiver 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.   |                      |   |                |                             |                   |               |  |
| statements, and that all statements contained herein are true and contained for the statements contained herein are true and |                      |   |                |                             | Date<br>ら、ユ       | 2.25          |  |
| Signature of Authorized Representative   |                      |   |                |                             |                   |               |  |
| FILED  |                      |   |                |                             |                   |               |  |
| MAY 2 2 2025 0 156   |                      |   |                |                             |                   |               |  |
| MAIL TO:  Division of Business Services  148 W. River Street, Providence, Rhode Island 02904-2615  Phone: (401) 222-3040   |                      |   |                |                             |                   |               |  |

Website: www.sos.ri.gov