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State of Rhode Island					₹00 N =			
Department of State - Business Services Division					200 200			
Annual Report for the year:  Corporation					- 素 č			
Filing period: February 1 - May 1					::5 ::5			
→ Filing Fee: \$50.00								
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.								
1. Entity ID Number OO 118086	2. Exact name of the Corporation  King Phillip MotoRs							
3. Principal Office Address			City State Zip					
331 Metacom Ave				5+01	R	I	02809	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
441120	Automotive who tesule and retail sales of							
5. State of Incorporation	used vehicles.							
7. List ALL officers (names and add	resses)			Check the box	to indic	ate an atta	chment 🔲	
President Name DAMON GagNON			Vice-President Name					
Street Address 431 Chestnut St.			Street Address					
city Bristol	State	~ 0865€	City		State		Zıp	
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		Zıp	
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State		Zip	
9 Shares Authorized	<u>l</u>	10. Shares Issued	l d	Check the box	l cto indi	cate an atta	achment 🔲	
This information is currently of recor	d in the	NUMBER OF SH		CLASS/SERIES			PAR VALUE	
Department of State.		3∞		Ø	Ø		٥	
Changes require an additional filing.								
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands 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.								
Name of Authorized Representative  Oamon Gagnon					Date	5.22.	25	
Signature of Authorized Representative								
MAIL TO:  MAY 2 2 2025  WAY 2 2 2025								

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

FORM 630- Revised: 12/2023