RI SOS Filing Number: 202577690440 Date: 8/13/2025 4:00:00 PM

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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.

1. Entity ID Number	2. Exact name of the Corporation		
12263	Smithfield Motor Sales Inc.		
3. Principal Office Address: 527 Smithfield Road	City: Pawtucket	State: RI	Zip: 02860
4. NAICS Code: 441120	6. Brief description of the character of business conducted in Rhode Island: Motor Vehicle Sales		
5. State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Anthony Cacca Sr	Vice-President Name: Christopher J. Cacca
Street Address: 215 High Service Avenue	Street Address: 5 Hanton City Trail
City: North Providence; State: RI; Zip: 02904	City: Smithfield; State: RI; Zip: 02917
Secretary Name: Christopher J Cacca	Treasurer Name: Anthony Cacca Sr
Street Address: 5 Hanton City Trail	Street Address: 215 High Service Ave
City: Smithfield; State: RI; Zip: 02917	City: North Providence; State: RI; Zip: 02904

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Christopher J. Cacca	Director Name: Anthony Cacca Sr
Street Address: 5 Hanton City Trail	Street Address: 215 High Service Avenue
City: Smithfield; State: RI; Zip: 02917	City: North Providence; State: RI; Zip: 02904
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	No Par

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: Anthony Cacca Sr President — Date: 8.13.25

Signature of Authorized Representative

FILED
AUG 13 2025
BY 765mE

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

FORM 630- Revised: 12/2023