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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

Annual Report for the year:

Corporation

2018

2818 SEP 24 AM 11: 34

- → Filing period. January 1 March 1
- → Filing Fee: \$50.00

> Penalty: Additional \$25	5.00 fee if form is r	not filed by April 1.					
Entity ID Number		2. Exact name of the Corporation					
87476	RC	RC MOTORS INC.					
3. Principal Office Address	,		Ĉity		S:ate	Zip	
17 Industria	'al Lune		Johns	to1	R. I.	02919	
4. NAICS Code	6. Brief des	cription of the chara	cter of business con	ducted in Rhode Is	sland		
441120		70 Cc1-	o (:	
5. State of Incorporation	T A	AUTO Sales					
R.I.							
7. List ALL officers (names ar					the box to indicat	e an attachment 🔲	
President Name			Vice-President Na	Vice-President Name			
Street Address			Stree: Address Same				
17 Industria Lane. City Johnston State R.I. 029,9			Stree: Address				
City	State	Zip	City		State	Zip	
JOHNSTON	<i> </i>	102919					
Secretary Name			Treasurer Name				
Street Address 5 6 7 11 C			Street Address Same				
		Street Address D - C - C - C					
City	State	Zıp	City		State	Zip	
8. List ALL directors (names a	and addresses)			Ob sale			
Director Name	a.iu addiesses)		Director Name	Check	the box to indica	te an attachment	
			One cost traine	5.053.5 V5			
Street Address			Street Address				
City ————	State	Zıp	City	.	State	Zip	
]	J,		J.C.	ا کان	
D.rector Name			Director Name				
Street Address	Strect Address						
City	State	Ζıp	City		State	Zip	
9. Shares Authorized		10.5	<u> </u>				
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Is	SUBD DF SHARCS	Check the box to indicate an attachment Coassistries FAR VALUE			
				00.0000,			
		400				0	
11. This report must be execu	ited on behalf of the	e corporation by an	authorized tearners	tativa If the same			
trustee, this report must be ex	xecuted on behalf o	of the corporation by	the receiver or trust	itanve. II the curpo lee	ration is in the na	arios of a receiver of	
Under penalty of perjury, I d	declare and affirm	that I have examin	ned this report, incl	luding any accon	panying sched	ules and	
statements, and that all sta	<u>teme</u> nts containe:	<u>d herein are true a</u>	nd correct.				
Name of Authorized Representative Date							
Carlo A.D.	eltino u) K.		Ell En ^c	9-24	-18	
Signature of Authorized Repr	esentative	5.5.18		ILLU			
Chas of	Vh.	*	ं क्षित्रे स्ट्रांस स्ट्रा 	ED 1 L 2010		į	
MAIL TO:				E1 2 1 2010	11/2/		

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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