



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 80332		2. Name of Corporation A WHEELS, INC.		
3. Street Address Principal Business Office 648 KILLINGLY STREET				
4. Business Phone No. (401) 273-0110		City JOHNSTON	State RI	Zip 02919
5. State of Incorporation RHODE ISLAND				
6. Brief Description of the Character of Business Conducted in Rhode Island THE SALE AND REPAIR OF NEW AND USED AUTOMOBILES				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
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
Secretary Name JOHN J. GOSSELIN		Treasurer Name JOHN J. GOSSELIN		
Street Address 648 KILLINGLY STREET		Street Address 648 KILLINGLY STREET		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name JOHN J. GOSSELIN		Director Name		
Street Address 648 KILLINGLY STREET		Street Address		
City JOHNSTON	State RI	Zip 02919	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value		
1,000	COMMON	NO PAR VALUE		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.				

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.

File Date **FILED**

Check No. **FEB 09 2009**

By: **By 3/10/6**

FOR SECRETARY OF STATE USE ONLY

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.

Signature *John J. Gossein* Date \_\_\_\_\_

**JOHN J. GOSSELIN**

Print or Type Name

**PRESIDENT**

Title