



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** 2007

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. <u>113758</u>		2. Name of Corporation <u>TOWN &amp; COUNTRY AUTO SALES INC</u>			
3. Street Address Principal Business Office <u>53 HIGH ST</u>			City <u>WESTERLY</u>	State <u>RI</u>	Zip <u>02891</u>
4. Business Phone No. <u>401 596-2094</u>		5. State of Incorporation <u>RHODE ISLAND</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island <u>TO BUY AND SELL MOTOR VEHICLES</u>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>GREGORY R KRYNICK</u>			Vice President Name		
Street Address <u>26A MAIN ST TO BOX 98</u>			Street Address		
City <u>ASHAWAY</u>	State <u>RI</u>	Zip <u>02804</u>	City	State	Zip
Secretary Name <u>GREGORY R KRYNICK</u>			Treasurer Name <u>GREGORY R KRYNICK</u>		
Street Address <u>SAME AS ABOVE</u>			Street Address <u>SAME AS ABOVE</u>		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>GREGORY R KRYNICK</u>			Director Name		
Street Address <u>SAME AS ABOVE</u>			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>NO PAR VALUE</u>		<u>100</u>	<u>COMMON</u>	<u>NO PAR VALUE</u>

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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.

<b>FILED</b>	
File Date	<u>AUG 21 2007</u>
Check No.	<u>By 034699</u>
By:	<u>10:34</u>
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 [Signature] Date 8-20-07  
 Print or Type Name GREGORY R KRYNICK  
 Title PRESIDENT