



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** 2008

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. <b>111098</b>		2. Name of Corporation <b>Universal Detailing Inc.</b>			
3. Street Address Principal Business Office <b>140 Pt. Judith Road Suite A15</b>			City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
4. Business Phone No. <b>401-783-7402</b>		5. State of Incorporation			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Lawrence C. Tillman</b>			Vice President Name		
Street Address <b>11 Manor Drive</b>			Street Address		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip
Secretary Name <b>Catherine Tillman</b>			Treasurer Name		
Street Address <b>11 Manor Drive</b>			Street Address		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	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 <b>Lawrence C. Tillman</b>			Director Name		
Street Address <b>11 Manor Drive</b>			Street Address		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	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
<b>2,000</b>	<b>NO PAR VALUE</b>		<b>10</b>	<b>Common</b>	<b>No Par</b>

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.

**FILED**

File Date: **JAN 24 2008** Jan. 24, 2008

Check No. **3481**

By: \_\_\_\_\_

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: Lawrence C. Tillman Date: 1/23/08

Print or Type Name: Lawrence C. Tillman

Title: President