

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&4)) is subject to a benalty fee of \$25.00.

1. Corporate ID No. 157222		Barry's Middletown, Inc.				
3. Street Address Principal Business Office 250 West Main Road			Middletown	State RI	2ip 02842	
4. Business Phone No. 401–847–5600		5. State of Incorporation Rho				
6. Brief Description of the Chara	acter of Business Conduc	f ·				
Automobile dea	alership, a ses of the offe	sales & servic	TACHMENT) D FILL IN  Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
1264世epes Road			Street Address			
Cin: Portsmouth	State RI	<sup>Zip</sup> 02871	City	State	Zip	
Secretary Name Susan Gregerman			Treasurer Name Peter W. Barry			
Street Address	-		Street Address			
166 Connell Hi			Same as above			
City	State	Zip	City	State	Zip	
Newport, RI	ere or the bine.	02840			· · · · · · · · · · · · · · · · · · ·	
5. NAMES AND ADDRES	SES OF THE DIREC	.TORS: ("X" BOX FOR A	TTACHMENT) THE IN	SPACES BEFORE USING	3	
Peter W. Barry			Director Name		3 50 <u></u>	
Street Address			Street Address			
Same as above		•			E 9760	
Сиу	State	Zip	City	State	Zipi	
Director Name			Director Name		<b>3</b> 89 <b>9</b>	
Street Address			Street Address		23 A	
City	State	Zip	Сйу	State	Zip	
9. SHARES AUTHORIZED AUTHORIZED SHARES	O ("X" BOX FOR A	TTACHMENT)	The state of the s	("X" BOX FOR ATTACH CTION MUST BE COMPLETED	MENI)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
10,000 \$0.01 par value			1000	common	\$0.01 par	
					-	
This report must be execut this report must be execut	ted on behalf of the	corporation by an author	ized representative. If the c	orporation is in the hands	of a receiver or trustee,	

File Date	FILE	
Check No.	UAN 2.5 2	008
By. <b>By.</b>	<u>  W  </u>	052
1	OR SECRETARY O	DE STATE USE ONLY

Under penalty of pe	rjury I declare and affin	rm that I have examined this report,
contained herein ar		statements, and that all statements
Signayte	Y (M)	Date
Peter W.	. Barry	
Print or Type Name		