

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 2003

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 falling 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. 99948	2. Name of Corporation COREY	MOTORS	INCORPORK	ired		
3. Street Address Principal Business O	H) ice	57	CENTRAL FAILS	State RT	^{Zip} 02863	
4. Business Phone No. 5. State of Incorporation HOI- 286-1755 RHOPE ISLAND 6. Brief Description of the Character of Business Conducted in Rhode Island						
6. Brief Description of the Character of Business Conducted in Rhode Island						
TO OWN AND OPERATE AUTOMOBILE AND MACHINE SHOP 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
AURELIO FIGUEIREDO			AURELIO FIGUEIREDO			
179 MORKIS ST			Street Address 179 MORRIS ST City Cumb. State R.I DJ864			
CUMB.	R.I	02864	Cumb.	State R.I	02864	
Secretary Name JOSEPHINE FIGUEIREDO			Treasurer Name AURELIO FIGUEIREDO			
Street Address 179 MORRIS ST City Cumb State R# 02864			Street Address			
CunB	State RF	02864	CUMB.	State L L CES BEFORE USING AT	02864	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) TILL IN SPACE	CES BEFORE USING AT	TACHMENTS	
NO DIRECTORS CLOSE CORP			Director Name			
Street Address			Street Address			
Сиу	State	Zip	City	State	Zip	
Director Name			Dtrector Name			
Street Address			Street Address			
City	State	Ζip	City	State	Ζip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)						
9. SHAKES AUTHORIZED ("	I X" BOX FOR ATTAC	I HMENT) □	10. SHARES ISSUED ("X"	I BOX FOR ATTACHME	vro □	
9. SHAKES AUTHORIZED ("AUTHORIZED SHARES	X" BOX FOR ATTAC	HMENT)			VT)	
AUTHORIZED SHARES		HMENT) [10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION Number of Shares		NT) [
AUTHORIZED SHARES	Class/Series	Par Value	ISSUED SHARES — THIS SECTION . Number of Shares	MUST BE COMPLETED		
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES — THIS SECTION . Number of Shares	MUST BE COMPLETED Class/Series	Par Vahue	

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date FILED	contained herein are true and correct. Cureling Tigueselo 1-18-08
Check No. JAN 3 0 2008	Signature Date AURELIO J. FIGUEIREDO
FOR SECRETARY OF STATE USE ONLY	Print or Type Name PRESIDENT
	Tule