



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 161971		2. Name of Corporation THE LANE BOYS AUTO SHINE, INC.			
3. Street Address Principal Business Office 870 Oaklawn Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-275-2050		5. State of Incorporation Rhode Island			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island Auto shine and reconditioning					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FULL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bruce D. Lane			Vice President Name Bruce D. Lane		
Street Address 870 Oaklawn Avenue			Street Address 870 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Bruce D. Lane			Treasurer Name Bruce D. Lane		
Street Address 870 Oaklawn Avenue			Street Address 870 Oaklawn Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FULL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
-1000-	no par value common	no par value	-100-	common	no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
File Date
Checking No. FEB 1 2008
By [Signature]
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 of Officer
Bruce D. Lane
Print or Type Name of Officer
President
Date Feb 29 / 08
Title of Officer