



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. 43598		2. Name of Corporation SUZUKI WORLD, INC.,			
3. Street Address Principal Business Office 175 ALDRICH AVENUE			City WARWICK	State RI	Zip 02889
4. Business Phone No. 401-738-0488		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PURCHASING, ACQUIRING, ENCUMBERING, GENERALLY DEALING IN REPAIRING, RENOVATING AND SERVICING ALL TYPES OF NEW AND USED AUTOMOBILES, TRUCKS, MOTORCYCLES AND OTHER MOTOR					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David N. Marfeo			Vice President Name Michael P. Marfeo		
Street Address 175 Aldrich Avenue			Street Address 39 Laurel Road		
City Warwick	State RI	Zip 02889	City Exeter	State RI	Zip 02822
Secretary Name Cheryl A. Fortier			Treasurer Name David N. Marfeo		
Street Address 162 Wilbur Avenue			Street Address 175 Aldrich Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David N. Marfeo			Director Name Michael P. Marfeo		
Street Address 175 Aldrich Avenue			Street Address 39 Laurel Road		
City Warwick	State RI	Zip 02889	City Exeter	State RI	Zip 02822
Director Name None			Director Name None		
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
600	COMM NO PAR VALUEE		100	Common	No Par

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 **FEB 08 2008**

Check No. **By DS-2008**

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.

David N. Marfeo 1-30-08
Signature Date

David N. Marfeo
Print or Type Name

President
Title