



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 VEHICLES.					
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-20008
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: David N. Marfeo Date: 1-30-08
Print or Type Name: David N. Marfeo
Title: President