



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  
401.222.3010

**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.<br>144840                                                                                                      |              | 2. Name of Corporation<br>HOPE VALLEY AUTO TRANSPORT, INC |                                                                     |              |              |
| 3. Street Address Principal Business Office<br>38 CANNONCHET DRIFTWAY                                                              |              |                                                           | City<br>HOPE VALLEY                                                 | State<br>RI  | Zip<br>02832 |
| 4. Business Phone No.<br>(401) 491-9204                                                                                            |              | 5. State of Incorporation<br>RHODE ISLAND                 |                                                                     |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>TOWING AUTOMOBILES                                  |              |                                                           |                                                                     |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |                                                           |                                                                     |              |              |
| President Name<br>ANTHONY APICE                                                                                                    |              |                                                           | Vice President Name<br>ANTHONY APICE JR.                            |              |              |
| Street Address<br>38 CANNONCHET DRIFTWAY                                                                                           |              |                                                           | Street Address<br>2 OLD RICHMOND TOWNHOUSE ROAD                     |              |              |
| City<br>HOPE VALLEY                                                                                                                | State<br>RI  | Zip<br>02832                                              | City<br>CAROLINA                                                    | State<br>RI  | Zip<br>02812 |
| Secretary Name<br>ANTHONY APICE                                                                                                    |              |                                                           | Treasurer Name<br>ANTHONY APICE JR.                                 |              |              |
| Street Address<br>38 CANNONCHET DRIFTWAY                                                                                           |              |                                                           | Street Address<br>2 OLD RICHMOND TOWNHOUSE ROAD                     |              |              |
| City<br>HOPE VALLEY                                                                                                                | State<br>RI  | Zip<br>02832                                              | City<br>CAROLINA                                                    | State<br>RI  | Zip<br>02812 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |                                                           |                                                                     |              |              |
| Director Name<br>ANTHONY APICE                                                                                                     |              |                                                           | Director Name<br>ANTHONY APICE JR.                                  |              |              |
| Street Address<br>38 CANNONCHET DRIFTWAY                                                                                           |              |                                                           | Street Address<br>2 OLD RICHMOND TOWNHOUSE ROAD                     |              |              |
| City<br>HOPE VALLEY                                                                                                                | State<br>RI  | Zip<br>02832                                              | City<br>CAROLINA                                                    | State<br>RI  | Zip<br>02812 |
| Director Name                                                                                                                      |              |                                                           | Director Name                                                       |              |              |
| 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 <u>MUST</u> BE COMPLETED               |              |              |
| Number of Shares                                                                                                                   | Class/Series | Par Value                                                 | Number of Shares                                                    | Class/Series | Par Value    |
| 2,000 NO PAR VALUE                                                                                                                 |              |                                                           | 2,000                                                               | 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.

|                                 |                       |
|---------------------------------|-----------------------|
| File Date                       | <b>FILED</b> *144840* |
| Check No.                       | <b>FEB 19 2008</b>    |
| By:                             | <b>DS-1833</b>        |
| 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 Anthony Apice Date 2-15-2008  
Print or Type Name Anthony Apice  
Title Pres