



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. 23247		2. Name of Corporation SGS AUTOMOTIVE SERVICES INC.			
3. Street Address Principal Business Office 201 ROUTE 17 NORTH			City RUTHERFORD	State NJ	Zip 07070
4. Business Phone No 201-508-3000		5. State of Incorporation DELAWARE			
6. Brief Description of the Character of Business Conducted in Rhode Island SURVEY - TRANSPORTATION INDUSTRY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JEFFREY MC DONALD			Vice President Name THOMAS KLUKAS		
Street Address 201 ROUTE 17 NORTH			Street Address 650 NORTHLAND BLVD		
City RUTHERFORD	State NJ	Zip 07070	City CINCINNATI	State OH	Zip 45240
Secretary Name BENJAMIN RODRIGUEZ			Treasurer Name PETER ENDER		
Street Address 201 ROUTE 17 NORTH			Street Address 201 ROUTE 17 NORTH		
City RUTHERFORD	State NJ	Zip 07070	City RUTHERFORD	State NJ	Zip 07070
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHAEL BRIGANTI			Director Name		
Street Address 201 ROUTE 17 NORTH			Street Address		
City RUTHERFORD	State NJ	Zip 07070	City	State	Zip
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 MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	COMM	\$5.00	100		\$5.00
100 COMM \$5.00 PAR VALUE					

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>
Check No.	FEB 25 2008
By:	By 35104578
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 \_\_\_\_\_ Date 1/31/08  
PETER ENDER  
Print or Type Name  
TREASURER  
Title