



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
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. 95440		2. Name of Corporation WEST FOUNTAIN Auto SALES & Body INC		
3. Street Address Principal Business Office 2380 CRANSTON ST		City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401 272 3340		5. State of Incorporation RI		
6. Brief Description of the Character of Business Conducted in Rhode-Island Auto SALES & Auto REPAIR				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name PATRICIA A. FORTE		Vice President Name PATRICIA A FORTE		
Street Address 2380 CRANSTON ST		Street Address 2380 CRANSTON ST		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI
Secretary Name PATRICIA A FORTE		Treasurer Name PATRICIA A. FORTE		
Street Address 2380 CRANSTON ST		Street Address 2380 CRANSTON ST		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name SAME		Director Name SAME		
Street Address		Street Address		
City	State	Zip	City	State
Director Name SAME		Director Name SAME		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1000		0	1000	
			THIS SECTION MUST BE COMPLETED	

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 27 2008
Check No. 3202
By 3202
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.

Patricia A Forte 2/26/08
Signature Date
PATRICIA A FORTE
Print or Type Name
President
Title