



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. <u>93440</u>		2. Name of Corporation <u>WEST FOUNTAIN Auto SALES & Body INC</u>		
3. Street Address Principal Business Office <u>2380 CRANSTON ST</u>		City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
4. Business Phone No. <u>401 272 3340</u>		5. State of Incorporation <u>RI</u>		
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Auto SALES & Auto REPAIR</u>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <u>PATRICIA A. FORTE</u>		Vice President Name <u>PATRICIA A. FORTE</u>		
Street Address <u>2380 CRANSTON ST</u>		Street Address <u>2380 CRANSTON ST</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>RI</u>
Secretary Name <u>PATRICIA A. FORTE</u>		Treasurer Name <u>PATRICIA A. FORTE</u>		
Street Address <u>2380 CRANSTON ST</u>		Street Address <u>2380 CRANSTON ST</u>		
City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>	City <u>CRANSTON</u>	State <u>RI</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <u>SAME</u>		Director Name <u>SAME</u>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <u>SAME</u>		Director Name <u>SAME</u>		
Street Address		Street Address		
City	State	Zip	City	State
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
<u>1000</u>	<u>0</u>		<u>1000</u>	<u>0</u>
			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	<u>FEB 27 2008</u>
Check No.	<u>3202</u>
By	<u>3202</u>
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