



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

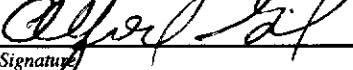
Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 21738		2. Name of Corporation ROGERS AUTOMOTIVE SERVICE INC.			
3. Street Address Principal Business Office 188 Washington Street			City West Warwick	State RI	Zip 02893
4. Business Phone No. (401) 828 - 7979		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Automobile Service and Repair					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ALFRED GIL			Vice President Name RICHARD P. CHAMPAGNE, JR.		
Street Address 57 Fawn Lane			Street Address 2 Old Hope Road		
City West Warwick	State RI	Zip 02893	City Coventry	State RI	Zip 02816
Secretary Name RICHARD P. CHAMPAGNE, JR.			Treasurer Name ALFRED GIL		
Street Address 2 Old Hope Road			Street Address 57 Fawn Lane		
City Coventry	State RI	Zip 02816	City West Warwick	State RI	Zip 02893
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ALFRED GIL			Director Name RICHARD P. CHAMPAGNE, JR.		
Street Address 57 Fawn Lane			Street Address 2 Old Hope Road		
City West Warwick	State RI	Zip 02893	City Coventry	State RI	Zip 02816
Director Name NONE			Director Name NONE		
Street Address N/A			Street Address N/A		
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A
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
500 COMM NO PAR VALUE			500	Common	No 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.	<b>FEB 27 2008</b>
By:	<b>By 3796</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 \_\_\_\_\_ Date **2/26/08**  
Print or Type Name  
**ALFRED GIL**  
Title  
**President**