



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. 125416		2. Name of Corporation FAMILY AUTOMOTIVE CONCEPTS, INC.			
3. Street Address Principal Business Office 721 KINGSTOWN ROAD			City WAKEFIELD	State RI	Zip 02879
4. Business Phone No. 401.789.9906		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island BUY AND SELL, AT WHOLESALE AND RETAIL, MOTOR VEHICLES AND MECHANICAL PARTS, TO SERVICE MOTIOR VEHICLES AND OTHERWISE ENGAGE IN ALL ACTS CONSISTENT WITH A MOTOR VEHICLE REPAIR BUSINESS					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENT'S					
President Name MICHAEL J. FERGUSON			Vice President Name MICHAEL J. FERGUSON		
Street Address 207 BRIARWOOD DRIVE			Street Address 207 BRIARWOOD DRIVE		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name MICHAEL J. FERGUSON			Treasurer Name MICHAEL J. FERGUSON		
Street Address 207 BRIARWOOD DRIVE			Street Address 207 BRIARWOOD DRIVE		
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENT'S					
Director Name MICHAEL J. FERGUSON			Director Name		
Street Address 207 BRIARWOOD DRIVE			Street Address		
City WAKEFIELD	State RI	Zip 02879	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
800	COMMON	NO PAR VALUE	100	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.

FILED
File Date: FEB 29 2008
Check No.:
By: 11141
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.

Michael J. Ferguson Signature
Date: 2/29/08
MICHAEL J. FERGUSON
Print or Type Name
PRESIDENT
Title