



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. 9809		2. Name of Corporation ME L'S AUTO CLINIC LTD			
3. Street Address Principal Business Office 1514 Newport Avenue			City PAWTUCKET	State R. I.	Zip 02861
4. Business Phone No. 401-726-6260		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island GASOLINE SERVICE STATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joan A. Leiper			Vice President Name GARY W. Leiper		
Street Address 162 HARRIS STREET			Street Address 162 HARRIS STREET		
City PAWTUCKET	State R.I.	Zip 02861	City PAWTUCKET	State R.I.	Zip 02861
Secretary Name Joan A. Leiper			Treasurer Name Joan A. Leiper		
Street Address 162 HARRIS STREET			Street Address 162 HARRIS STREET		
City PAWTUCKET	State R.I.	Zip 02861	City PAWTUCKET	State R.I.	Zip 02861
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
200	Comm	No Par Value	200	Comm	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.

<b>FILED</b>	
File Date	FEB 29 2008
Check No.	
By:	5077 MMC
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: Joan A. Leiper Date: 1-20-2008  
 Print or Type Name: Joan A. LEIPER  
 Title: President