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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.	2. Name of Corporation			
18112	M.G. ENTERPRISES, LTD.			
3. Street Address Principal Business Office		City	State	Zip
460 Atwood Avenue		Cranston	Rhode Island	02920
4. Business Phone No.	5. State of Incorporation			
401-464-4500	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Automotive Repair Services

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Gene C. Pieranunzi	460 Atwood Avenue	Cranston	Rhode Island	02920

Vice President Name	Street Address	City	State	Zip
Mark S. Pieranunzi	460 Atwood Avenue	Cranston	Rhode Island	02920

Secretary Name	Street Address	City	State	Zip
Mark S. Pieranunzi	460 Atwood Avenue	Cranston	Rhode Island	02920

Treasurer Name	Street Address	City	State	Zip
Gene C. Pieranunzi	460 Atwood Avenue	Cranston	Rhode Island	02920

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Gene C. Pieranunzi	460 Atwood Avenue	Cranston	Rhode Island	02920

Director Name	Street Address	City	State	Zip
Mark S. Pieranunzi	460 Atwood Avenue	Cranston	Rhode Island	02920

Director Name	Street Address	City	State	Zip
Patricia A. Pieranunzi	460 Atwood Avenue	Cranston	Rhode Island	02920

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000	Common	No par value

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	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.

[redacted] [redacted]

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.

Mark Pieranunzi 3/21/08
Signature *Date*

Mark S. Pieranunzi
Print or Type Name

[redacted] Secretary
Title

File Date FILED
Check No. MAR 24 2008
By: By DS 8422
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