



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 2006

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. 64001 | | 2. Name of Corporation LEAL ENTERPRISES, INC | | | |
| 3. Street Address Principal Business Office 65 GOODING AVENUE | | City BRISTOL | State RI | Zip 02809 | |
| 4. Business Phone No. (401) 253-4490 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island OIL CHANGE AND AUTO SERVICE | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name JOHN LEAL | | Vice President Name DORA LEAL | | | |
| Street Address 17 BUTTERWORTH DRIVE | | Street Address 17 BUTTERWORTH DRIVE | | | |
| City BRISTOL | State RI | Zip 02809 | City BRISTOL | State RI | Zip 02809 |
| Secretary Name DORA LEAL | | Treasurer Name JOHN LEAL | | | |
| Street Address SEE ABOVE | | Street Address SEE ABOVE | | | |
| City | State | Zip | City | State | Zip |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name JOHN LEAL | | Director Name DORA LEAL | | | |
| Street Address SEE ABOVE | | Street Address SEE ABOVE | | | |
| 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 |
| 100 | COMMON | NO PAR | 100 | COMMON | NO PAR |

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.

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: [Signature] Date: 2-3-08
Print or Type Name: JOHN LEAL
Title: PRESIDENT

FILED
File Date: MAR 31 2008
Check No.: DS 0573
By: [Signature]
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