



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
401.222.3046

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 125129		2. Name of Corporation AUTOMOTIVE SERVICE ASSOCIATION OF RHODE ISLAND, INC.			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address P.O. BOX 7818		City WARWICK	Zip 02887
5 Foreign corporation. Enter principal office address		City		State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO PROMOTE THE COMMON BUSINESS INTERESTS OF THOSE ENGAGED IN THE AUTOMOTIVE SERVICE INDUSTRY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name TIMOTHY PETRARCA			Vice President Name STEPHEN C. JOHNSON		
Street Address 2131 PLAINFIELD PIKE			Street Address 375 MIANTONOMO DRIVE		
City JOHNSTON	State RI	Zip 02919	City WARWICK	State RI	Zip 02888
Secretary Name DAVID JOHNSON			Treasurer Name ANDRE REMILLARD		
Street Address 1501 MAIN STREET			Street Address 113 FARNUM PIKE		
City WEST WARWICK	State RI	Zip 02893	City SMITHFIELD	State RI	Zip 02917
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name TIMOTHY PETRARCA			Director Name STEPHEN C. JOHNSON		
Street Address 2131 PLAINFIELD PIKE			Street Address 375 MIANTONOMO DRIVE		
City JOHNSTON	State RI	Zip 02919	City WARWICK	State RI	Zip 02888
Director Name DAVID JOHNSON			Director Name ANDRE REMILLARD		
Street Address 1501 MAIN STREET			Street Address 113 FARNUM PIKE		
City WEST WARWICK	State RI	Zip 02893	City SMITHFIELD	State RI	Zip 02917
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name BRUCE A. WOLPERT, ESQ.			Address 10 DORRANCE STREET, SUITE 530		
Address WOLPERT & ASSOCIATES, INC.			City PROVIDENCE	Zip 02903	

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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FILED	
File Date	OCT 14 2008
Check No.	By 1023
By	
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 of Officer _____ Date _____
STEPHEN C. JOHNSON
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer