



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* 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. 120911		2. Name of Corporation Rhode Island Auto Recycling, Inc.			
3. Street Address Principal Business Office 1134 SOUTH MAIN STREET		City PASCOAG	State RI	Zip 02859-	
4. Business Phone No. 4015686815		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island AUTO REPAIR, SALVAGE, USED CARE SALES					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Larry Therien		Vice President Name			
Street Address 1134 South Main Street		Street Address			
City Pascoag	State RI	Zip 02859	City	State	Zip
Secretary Name Larry Therien		Treasurer Name			
Street Address 1134 South Main Street		Street Address			
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ 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) ☐					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐
AUTHORIZED SHARES					ISSUED SHARES
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			50	Common	No Par

This report must be executed on behalf of the corporation by an authorized officer. 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



DEC 10 2008 12:05

By 015501

KMC

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 Larry Therien Date 12/10/08
Print or Type Name of Officer
President
Title of Officer

File Date _____
Check No. _____
By _____

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