RI SOS Filing Number: 200838938230 Date: 12/11/2008 4:00 PM

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 2007

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. 62503	2. Name of Corporation MOE'S AUTO SALES AND SERVICE, INC.		
3. Street Address Principal Business Office 19-21 BENEFIT STREET	City PAWTUCKET	State R.I.	Zip 02861
4. Business Phone No. 401-725-9257	5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island REPAIR AND SALES OF AUTOMOBILES AND TRUCKS			

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

President Name VICTOR M. LOPES			Vice President Name VICTOR M. LOPES		
Street Address 19-21 BENEFIT STREET			Street Address 19-21 BENEFIT STREET		
City PAWTUCKET	State R.I.	Zip 02861	City PAWTUCKET	State R.I.	Zip 02861
Secretary Name SHIRLEY A. LOPES			Treasurer Name VICTOR M. LOPES		
Street Address 19-21 BENEFIT STREET			Street Address 19-21 BENEFIT STREET		
City PAWTUCKET	State R.I.	Zip 02861	City PAWTUCKET	State R.I.	Zip 02861

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

Director Name NONE.			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

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	COMMON	$100

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.

Victor M. Lopes (signature) 12/10/08
Signature Date

VICTOR M. LOPES
Print or Type Name

[redacted] PRESIDENT
Title

File Date	FILED
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Form 630 Rev. 08/08