



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. 000135223		2. Name of Corporation Hamden Meadows Service Inc		
3. Street Address Principal Business Office 235 New Meadow Rd		City Barrington	State RI	Zip 02806
4. Business Phone No. 4012456919		5. State of Incorporation RI		
6. Brief Description of the Character of Business Conducted in Rhode Island Auto Service - Repairs				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Kregg Spaziano		Vice President Name _____		
Street Address 25 Walnut St		Street Address _____		
City S. Attleboro	State MA	Zip 02703	City _____	State _____
Secretary Name _____		Treasurer Name _____		
Street Address _____		Street Address _____		
City _____	State _____	Zip _____	City _____	State _____
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name _____		Director Name _____		
Street Address _____		Street Address _____		
City _____	State _____	Zip _____	City _____	State _____
Director Name _____		Director Name _____		
Street Address _____		Street Address _____		
City _____	State _____	Zip _____	City _____	State _____
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 800	Class/Series _____	Par Value B
		_____	_____	_____

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.

FILED

File Date DEC 31 2008 1:26
By 071116
Check No. _____
By: KML
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: Kregg Spaziano
Date: 12/31/08
Print or Type Name: President
Title: _____