RI SOS Filing Number: 200939962170 Date: 01/06/2009 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 2009

***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(a), 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. Corporation ID No. | 2. Name of Corporation |
|---|---|
| 148196 | Motor Medic, Inc |

| 3. Street Address Principal Business Office | City | State | Zip |
|---|---|---|---|
| 1190 Douglas Avenue | North Providence | RI | 02904 |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| (401) 354-5700 | Rhode Island |

6. Brief Description of the Character of Business Conducted in Rhode Island
motorcycle repairs

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

| President Name | Vice President Name |
|---|---|
| Michael M. Cote | none |
| **Street Address** | **Street Address** |
| 46 Carr Lane | |
| **City / State / Zip** | **City / State / Zip** |
| Jamestown / RI / 02835 | |
| **Secretary Name** | **Treasurer Name** |
| Michael M. Cote | Michael M. Cote |
| **Street Address** | **Street Address** |
| 46 Carr Lane | 46 Carr Lane |
| **City / State / Zip** | **City / State / Zip** |
| Jamestown / RI / 02835 | Jamestown / RI / 02835 |

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

| Director Name | Director Name |
|---|---|
| Michael M. Cote | none |
| **Street Address** | **Street Address** |
| 46 Carr Lane | |
| **City / State / Zip** | **City / State / Zip** |
| Jamestown / RI / 02835 | |
| **Director Name** | **Director Name** |
| none | none |
| **Street Address** | **Street Address** |
| | |
| **City / State / Zip** | **City / State / Zip** |
| | |

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES

| Number of Shares | Class Series | Par Value |
|---|---|---|
| 100 | Common | NPV |
| | | |

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | Common | NPV |
| | | |

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]

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By
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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.

Michael M. Cote 12/15/08
Signature Date

✓ Michael M. Cote
Print or Type Name

President
Title

Form 630 Rev. 12/06

[redacted]

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