



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
100 W. River Street
Providence, RI 02904-2615
(401) 222-3000

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(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. Corporation No. 148196		2. Name of Corporation Motor Medic, Inc			
3. Street Address Principal Business Office 1190 Douglas Avenue			City North Providence	State RI	Zip 02904
4. Telephone Number (401) 354-5700		5. State of Incorporation 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 Michael M. Cote			Vice President Name none		
Street Address 46 Carr Lane			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Secretary Name Michael M. Cote			Treasurer Name Michael M. Cote		
Street Address 46 Carr Lane			Street Address 46 Carr Lane		
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael M. Cote			Director Name none		
Street Address 46 Carr Lane			Street Address		
City Jamestown	State RI	Zip 02835	City	State	Zip
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
100	Common	NPV	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.

FILED
File Date **MAR 03 2009**
Class No **By DS 1060**
By **577337**
FOR SECRETARY OF STATE USE ONLY

FILED
JAN 06 2009
577337
10:30

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 **Michael M. Cote** 12/15/08
Print or Type Name **Michael M. Cote**
Title **President**