



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

A. Ralph Molits, Secretary of State
Corporations Division
110 W. River Street
Providence, RI 02904-2615
401.222.7040

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. 7-1.3-1501(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. 7-1.3-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporation Name 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. Business Phone No. (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) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares 100	Class/Series Common	Par Value NPV	Number of Shares 100	Class/Series Common	Par Value 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	By DS 1060
FOR SECRETARY OF STATE USE ONLY	

FILED
JAN 0'6 2009
By **077337**
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
Date
3-1-08
Print or Type Name
Michael M. Cote
Title
President