RI SOS Filing Number: 200939962350 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
100 W. River Street
Providence RI 02903-1315
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. Corporation ID 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. 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:

2009 JAN -6 AM 10:30

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.

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File Date: MAR 03 2008
Check No.
By DS 1000
Fee:
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.

Michael M. Cote 3-1-08
Signature / Date
Michael M. Cote
Print or Type Name
President
Title

Form 630 Rev. 12/06

21437-1-247504
29327-11-316530