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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(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.	2. Name of Corporation		
59952	DUPONT TIRE SERVICE CENTER INC		
3. Street Address Principal Business Office	**City**	**State**	**Zip**
51 COLE ST	WARREN	RI	02885
4. Business Phone No.	**5. State of Incorporation**		
401-965-7473	RHODE ISLAND		

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

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

President Name	Vice President Name
ANTHONY W DUPONT JR	ROBERT W. DUPONT
Street Address	**Street Address**
5840 LAKESIDE WOODS CIRCLE	51 COLE ST
City / State / Zip	**City / State / Zip**
SARASOTA / FL / 34243	WARREN / RI / 02885
Secretary Name	**Treasurer Name**
KATHLEEN D. DUPONT	ANTHONY W DUPONT JR
Street Address	**Street Address**
5840 LAKESIDE WOODS CIRCLE	5840 LAKESIDE WOODS CIRCLE
City / State / Zip	**City / State / Zip**
SARASOTA / FL / 34243	SARASOTA / FL / 34243

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

Director Name	Director Name
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**
Director Name	**Director Name**
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
2000	common no par value	

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
None		

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] [redacted]

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.

Anthony W DuPont Jr — Jan 6, 2009
Signature *Date*

ANTHONY W. DUPONT JR
Print or Type Name

President
Title

[redacted]

FILED
File Date
JAN 12 2009
Check No.
By: By 24286
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Form 630 Rev. 12/06

30152-7-290906

SECRETARY of STATE FAX:4012222309