



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
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. 9012		2. Name of Corporation McLAUGHLIN CORPORATION			
3. Street Address Principal Business Office 140 Narragansett Avenue			City Providence	State RI	Zip 02907
4. Business Phone No. 401-941-3400		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island AUTOMOBILE PARTS AND THE AUTOMOBILE PARTS AFTER MARKET					
7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Walter F. McLaughlin			Vice President Name Walter F. McLaughlin		
Street Address 140 Narragansett Avenue			Street Address 140 Narragansett Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Walter F. McLaughlin			Treasurer Name Walter F. McLaughlin		
Street Address 140 Narragansett Avenue			Street Address 140 Narragansett Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Walter F. McLaughlin			Director Name Wanda M. McLaughlin		
Street Address 140 Narragansett Avenue			Street Address 140 Narragansett Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Michael P. Poirier			Director Name THOMAS HARRINGTON		
Street Address 140 Narragansett Avenue			Street Address 140 NARRAGANSETT AVENUE		
City Providence	State RI	Zip 02907	City PROVIDENCE	State R.I.	Zip 02907
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	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR VALUE	common	no par value	—460—	common	no par value
			THIS SECTION MUST BE COMPLETED		

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.



9012

File Date FILED
Check No. JAN 12 2009
By [Signature]
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.

Walter F. McLaughlin Pres. 1/2/2009
Signature Date

Print or Type Name
President

Title