



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 56131		2. Name of Corporation Anderson Automotive, Inc.			
3. Street Address Principal Business Office 369 South Main Street		City Providence	State RI	Zip 02903	
4. Business Phone No. 401-521-3100		5. State of Incorporation Rhode Island		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island The sale at wholesale and retail of automotive parts, accessories and supplies together with auto repairs and reconditioning.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dennis Anderson		Vice President Name Dennis Anderson			
Street Address 16 Crossing Court		Street Address 16 Crossing Court			
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Dennis Anderson		Treasurer Name			
Street Address 16 Crossing Court		Street Address			
City Warwick	State RI	Zip 02888	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dennis Anderson		Director Name			
Street Address 16 Crossing Court		Street Address			
City Warwick	State RI	Zip 02888	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) ☐					11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ☐
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	No Par Value		100		No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



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 of Officer Dennis Anderson Date 1/10/09
Print or Type Name of Officer
President
Title of Officer

File Date 1-13-09
Check No. 9505
By: MNC
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