



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.**

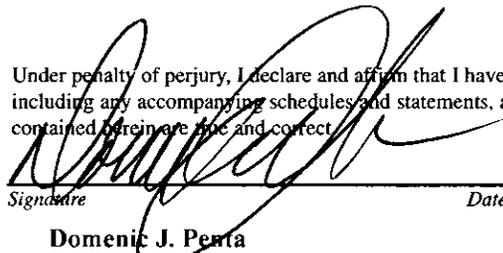
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

| | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------------------------------------|----------------------------------------------------------------------|-------------------------------|----------------------------|
| 1. Corporate ID No. 6737 | | 2. Name of Corporation DE LUXE AUTO SALES, INC. | | | |
| 3. Street Address Principal Business Office 399 Main Street | | | City Wakefield | State RI | Zip 02879-0000 |
| 4. Business Phone No. (401) 783-3396 | | 5. State of Incorporation RI | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island dealing in automobiles | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Domenic J. Penta | | | Vice President Name Anne Marie Penta | | |
| Street Address 500 Old Boston Neck Rd. | | | Street Address 500 Old Boston Neck Rd. | | |
| City Narragansett | State RI | Zip 02882- | City Narragansett | State RI | Zip 02882- |
| Secretary Name Anne Marie Penta | | | Treasurer Name Domenic J. Penta | | |
| Street Address 500 Old Boston Neck Rd. | | | Street Address 500 Old Boston Neck Rd. | | |
| City Narragansett | State RI | Zip 02882- | City Narragansett | State RI | Zip 02882- |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Domenic J. Penta | | | Director Name Anne Marie Penta | | |
| Street Address 500 Old Boston Neck Rd. | | | Street Address 500 Old Boston Neck Rd. | | |
| City Narragansett | State RI | Zip 02882- | City Narragansett | State RI | Zip 02882- |
| Director Name none | | | Director Name none | | |
| Street Address none | | | Street Address none | | |
| City none | State none | Zip none | City none | State none | Zip none |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
| | | | Number of Shares 100 | Class/Series Common | Par Value No Par |
| | | | 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.

| | |
|---------------------------------|--------------------|
| File Date | FILED |
| Check No. | JAN 14 2009 |
| By | 559 |
| 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.

Signature:  Date: **01/05/09**
 Print or Type Name: **Domenic J. Penta**
 Title: **President**