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
171522	MACT, INC

3. Street Address Principal Business Office	City	State	Zip
80 FRANKLIN STREET	WESTERLY	R.I.	02891

4. Business Phone No.	5. State of Incorporation
603-357-2300	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island: MIDAS AUTO SERVICE EXPERTS SHOP

NAMES AND ADDRESSES OF THE OFFICERS (CHECK BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name: KENTON H. CHILDS			Vice President Name: MARK A. ROBBINS		
Street Address: 1314 WEST LAKE SHORE DRIVE			Street Address: 6 JOSHUA STREET		
City: SPRINGFIELD	State: IL	Zip: 62712	City: WESTERLY	State: RI	Zip: 02891
Secretary Name: M. PAULINA ANDERSON			Treasurer Name: NONE		
Street Address: 12 PARK PLACE			Street Address:		
City: EVANSVILLE	State: IN	Zip: 47713	City:	State:	Zip:

NAMES AND ADDRESSES OF THE DIRECTORS (CHECK BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name: KENTON H. CHILDS			Director Name: MARK A. ROBBINS		
Street Address: SAME AS ABOVE			Street Address: SAME AS ABOVE		
City:	State:	Zip:	City:	State:	Zip:
Director Name: M. PAULINA ANDERSON			Director Name:		
Street Address: SAME AS ABOVE			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

SHARES AUTHORIZED (CHECK BOX FOR ATTACHMENT) ☐ — SHARES ISSUED (CHECK 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
20,000	NONE	NONE	600	NONE	NONE
			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.

1/14/09
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MMC

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: [signature] Date: 12-22-08

Print or Type Name: MARK A. ROBBINS

Title: MANAGER/PARTNER

Form 630 Rev. 12/06

30255-2-334582