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

ROFIT 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: 80 FRANKLIN STREET		City: WESTERLY	State: R.I.	Zip: 02891
4. Business Phone No.: 603-357-2300	5. State of Incorporation: 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 ☐ FILL IN SPACES BEFORE USING ATTACHMENT

President Name	Vice President Name
KENTON H. CHILDS	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: EVANSUILLE State: IN Zip: 47713	City: State: Zip:

NAMES AND ADDRESSES OF THE DIRECTORS ☐ FILL IN SPACES BEFORE USING ATTACHMENT

Director Name	Director Name
KENTON H. CHILDS	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:

AUTHORIZED SHARES ☐ **ISSUED SHARES** ☐

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.

[redacted]

[redacted]

1/14/09
1171
MMC

[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.

12-22-08
Signature *Date*

MARK A. ROBBINS
Print or Type Name

MANAGER/PARTNER
Title

Form 630 Rev. 12/06