

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. 98778	2. Name of Corpo	2. Name of Corporation MOTORS EAST, INC.				
3. Street Address Principal Business Office 268 MENDON ROAD			City- CUMBERLAND	State RI	Zip 02864	
4. Business Phone No. 5. State of Incorporate RHODE ISLA			ion			
6. Brief Description of the Ch USED CAR SALES A	=	ed in Rhode Island				
7. NAMES AND ADDR	ESSES OF THE OFFIC	ERS: ("X" BOX FOR A	TTACHMENT) [FILL IN S	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
JOSE C. COSTA			SAME			
Street Address 137 HINES ROAD			Street Address			
City CUMBERLAND	State RI	<i>Zip</i> 02864	Cli _y ,	State	Zip	
Secretary Name SAME			Treasurer Name SAME			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR Director Name JOSE COSTA			Director Name SAME			
Street Address 137 HINES ROAD			Street Address			
City	State	Zip	City	State	Zip	
CUMBERLAND	RI	02864				
Director Name			Director Name	***************************************	***************************************	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) [] ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class Series	Par Value	
3000	COMMON	NPV	3000	COMMON	NPV	
			·			
This report must be executive this report must be executive.			orized representative. If the cover or trustee.	orporation is in the hands	of a receiver or trustee,	

File Date	FILED			
Check No.	JAN 1 6 2009			
By: By .	5789			
FOR SECRETARY OF STATE USE ONLY				

	id affirm that I have examined this report,
	les and statements, and that all statements
contained berein are true and egrrecy	1
(Lose C) Clocks	1-13-09
Signature	Date
J <u>ÓSE¢COSTA</u>	
Print or Type Name	
PRESIDENT	
Title	