

Matthew A. Brown, Secretary of State Corporations Division 148 W. River St., Providence, RI 02904-2615 401.222.3040

PROFIT C	ORPORATION AN	NUAL	REPORT I	TOR	THE V	TAR	2007
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Filing Period: January 1 -	March I • Filii	ng Fee: \$50.00	KI FOR THE TE		-
† In accordance with R.I.G.L. 7-1.2-1501(e).  1. Corporate ID No. 120617	2. Italia by Corporan	fasing to file its annual report within to ion IOTOR SALES INC.	thirty (30) days after the time prescribed by law	v (R.L.G.L. 7-1,2-1501(c&d)) is subjec	t to u penalty fee of \$25.69.
3. Street Address Principal Busin			City	State	7:-
700 NORTH MAIN ST			PROVIDENCE	RI	Zip 02904-
4. Business Phone No.		5. State of Incorporation		ta copier	, 02304-
4014214700		RHODE ISLAND			
6. Brief Description of the Character TO SELL, RENT, LEASE	cter of Business Conduct OR TOW MOTOR	ted in Rhode Island VEHICLES			
7. NAMES AND ADDRESS President Name	es of the offic	ERS ("X" BOX FOR ATTA	I <i>CHMENT</i> ) □ FIEL IN SPACES	S BEFORE USING ATTAC	HMENTS
Angela Badway			Vice President Name - Angela Badway		
Street Address			Street Address	**	
700 North Main St.			700 North Main St.		
City	State	Zip	City	State	Zip
Providence	RI	02904	Providence	RI	02904
Secretary Name		A Committee of the Comm	Treasurer Name	* * * * * *	
Betty Ann Palmisci	ano		same as above		
Street Address			Street Address		
700 North Main St.			same as above		
City	State	Zip	City	State	Zip
Providence	RI	02904	same as above	same as above	same
8. NAMES AND ADDRESS Director Name	es of the direc	TORS ("X" BOX FOR AT	FACHMENT)   FILL IN SPACE  Director Name	ES BEFORE USING ATTA	CHMENTS
None					
Street Address			Street Address		
•			٤		
City	State	Ζiρ	City	State	Zip
Director Name			Director Name	As a	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTA	CHMENT)	10. SHARES ISSUED ("X" BOX ISSUED SHARES	FOR ATTACHMENT) 📙	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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The second of the second of the second	·				
this report must be executed on behalf of the i	corporation by an authorized ve	presentative II the corporation is in th	he hands of a receiver or trustee, this report in	usi he executed as heraif of the corp.	wattan by the receiver ar trustee.
EL 11819 11911 9011 1					
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				1) 100 100	
1 2 0 0	·		Under penalty of perjury, I this report, including any a	declare and affirm that I	nave examined
- FILES	3	٦	and that all statements con		
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File Date JAN 03 20	07		Thefele /	exxy/(	こみかの
<b>D</b> . 200			Signantie of Officer	Date	
Check No. 15 1			<sup>∕</sup> Angĕla Badway	(	
			Print or Type Name of Officer		
B <u>v:</u>			President		
FOR SECRETARY OF STATE U	SE ONLY		Title of Officer		Form 630 12/05