



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00*

* 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. 59578		2. Name of Corporation GERSHKOFF ENTERPRISES, INC.			
3. Street Address Principal Business Office 1085 Cranston Street			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-942-9700		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Auto repairs, sales and rentals.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Steven Gershkoff			Vice President Name None		
Street Address 1085 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Steven Gershkoff			Treasurer Name Steven Gershkoff		
Street Address 1085 Cranston Street			Street Address 1085 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Steven Gershkoff			Director Name None		
Street Address 1085 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	Common No Par Value		500	Common	No Par Value

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 1-27-09
Check No. 11194
By: [Signature]
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]
Signature _____ Date _____
Steven Gershkoff
Print or Type Name
President
Title