

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

401.222.30

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(cc/cd)) is white to a typical factor of \$25.5.00

subject to a penalty fee of \$25.00).		inual report within thirty (30) days a			
1. Corporate ID No.	2. Name of Corpo		s & Service, Inc.			
53359		TOR INCHINE BUSIN	City	State	Ζip	
3. Street Address Principal Business Office 30 Kennedy Plaza - #332			Providence	RI	02903	
4. Business Phone No.	24 11 332	5. State of Incorporation				
(401) 461.6830		RHODE ISLA	ND			
6 Brief Description of the Chare SALES AND SERV	ICE OF MACHI	NE PARTS				
7. NAMES AND ADDRES	SSES OF THE OFFIC	ERS: ("X" BOX FOR ATT	ACHMENT) [FILL IN SPA	ACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Philip J. O'Hara			Ellen Crosby O'Hara			
Sireet Address			Street Address 30 Kennedy Plaza - #332			
30 Kennedy Pla				State 11332	Ζip	
City	State	Zip	City	RI	02903	
Providence Secretary Name	RI	J 02903	Providence Treasurer Name		102303	
Philip J. O'Hara			Ellen Crosby O'Hara			
Street Address			Street Address			
30 Kennedy Pla	ıza - #332		30 Kennedy Pla	30 Kennedy Plaza - #332		
City	State	Ζiþ	City	State	Zip	
Providence	RI	02903	Providence	RI	102903	
8. NAMES AND ADDRES	SSES OF THE DIRE	CTORS: ("X" BOX FOR A	TTACHMENT) FILL IN S	SPACES BEFORE USI	NG ATTACHMENTS	
Director Name			Director Name			
Philip J. O'Hara			Street Address	Ellen Crosby O'Hara		
Sireet Address			30 Kennedy Plaza - #332			
30 Kennedy Pla	ıza – #332	Zip	Cuy	State JJZ	Zip	
City	State	1 -	Providence	RI	02903	
Providence	J RI	02903	Director Name			
Directof James 1/36/09			Ellen Cros	on Hora	1 30 09	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
1						
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
, , , , , , , , , , , , , , , , , , , ,			ISSUED SHARES — THIS SECT			
This information is sum	ently of record in th	e Office of the Secretary o	f Number of Shares	Class/Sertes	Par Value	
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of			i	COM	NO PAR VALUE	
instruction sheet.			501	COM	NO PAR VALOI	
mod detion show.						
This report must be ever	cuted on behalf of th	e corporation by an author	ized representative. If the con	rporation is in the han	ids of a receiver or trustee,	
this report must be ever	uted on behalf of the	corporation by the receive	er or trustee.			

FILED
File Date
Check No. By 3505
Ву:
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affincluding any accompanying schedules are contained herein are true and correct.	Firm that I have examined this report, and statements, and that all statements
Stephature	Date
Philip J. O'Hara	
Print or Type Name	
President	
Title	7.00

Form 630 Rev. 08/08