



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

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. 39391		2. Name of Corporation TRI STAR AUTO BODY, INC.			
3. Street Address: Principal Business Office 49 Cove Street			City Riverside	State RI	Zip 02915
4. Business Phone No. (508) 336-6475		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island AUTO BODY REPAIR, SALES, SERVICE AND TOWING					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT J. COELHO, JR.			Vice President Name ERNEST A. LOISELLE		
Street Address 42 Nichols Street			Street Address 49 Cove Street		
City Rehoboth	State MA	Zip 02769	City Riverside	State RI	Zip 02915
Secretary Name ROBERT J. COELHO, JR.			Treasurer Name ERNEST A. LOISELLE		
Street Address 42 Nichols Street			Street Address 49 Cove Street		
City Rehoboth	State MA	Zip 02769	City Riverside	State RI	Zip 02915
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROBERT J. COELHO			Director Name ERNEST A. LOISELLE		
Street Address 42 Nichols Street			Street Address 49 Cove Street		
City Rehoboth	State MA	Zip 02769	City Riverside	State RI	Zip 02915
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 500; Common; No Par Value			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series Common	Par Value 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 **FILED**
 Check No. **FEB 5 2009**
 By: **1909**
 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.

Robert J. Coelho, Jr. 2/3/09
 Signature Date
ROBERT J. COELHO, JR.
 Print or Type Name
PRESIDENT
 Title