



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  
401.222.3090

**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. 69065		2. Name of Corporation D&F Motor Sports Service and Repair, Inc.			
3. Street Address Principal Business Office 60 Cadillac Drive			City Providence	State RI	Zip 02907
4. Business Phone No. 401-781-0720		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To operate a service and repair shop in R.I.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David M. Frazier			Vice President Name		
Street Address 1014 Smithfield Avenue			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Duarte P. DaCosta			Treasurer Name Duarte P. DaCosta		
Street Address 531 Dwelly Street			Street Address 531 Dwelly Street		
City Fall River	State MA	Zip 02724	City Fall River	State MA	Zip 02724
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David M. Frazier			Director Name Duarte P. DaCosta		
Street Address 1014 Smithfield Avenue			Street Address 531 Dwelly Street		
City Lincoln	State RI	Zip 02865	City Fall River	State MA	Zip 02724
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			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 <b>MUST</b> BE COMPLETED		
			Number of Shares 2	Class/Series Common	Par Value \$100 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	<b>FILED</b>
Check No.	<b>FEB 11 2009</b>
By:	<b>6317</b>
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.

Duarte P Da Costa 2-10-09  
Signature Date  
Duarte P. DaCosta  
Print or Type Name  
Treasurer  
Title