

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, KI 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.	2. Name of Cor CERTIFIE	2. Name of Corporation CERTIFIED AUTOMOTIVE, INC.				
3. Street Address Principal Business Office 66 CENTRAL PIKE			City FOSTER	State RI	7.ip 02825	
4. Business Phone No.         5. State of Incorpora           401-647-2737         RHODE ISLA					02023	
AUTOMOTIVE R	ne Character of Business Condu EPAIR AND RELATED	SERVICES	<del></del>		·	
STEVEN C. BR		CERS: ("X" BOX FOR A	ATTACHMENT) [ FILL IN  Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
Street Address 66 CENTRAL PIKE			Street Address			
City FOSTER	State RI	<i>Ζιρ</i> <b>02825</b>	City	State	Zip	
Secretary Name STEVEN C. BROWN			Treasurer Name STEVEN C. BROWN			
66 CENTRAL PIKE			Street Address 66 CENTRAL PIKE			
FOSTER	State RI	<i>χ</i> φ 02825	City- FOSTER	State RI ·	Zip 02825	
STEVEN C. BRO		CTORS: ("X" BOX FOR	ATTACHMENT)   FILL   Director Name	N SPACES BEFORE USING	G ATTACHMENTS	
treet Address 66 CENTRAL PII	KE		Street Address			
Tuy FOSTER	State RI	Ζίρ <b>02825</b>	City	State	Zip \iint	
trector Name			Director Name			
treet Address			Street Address			
ity	State	Zip	СИу	State	Zip N	
SHARES AUTHOR  OTHORIZED SHARES	RIZED ("X" BOX FOR A	TTACHMENT)	: 10. SHARES ISSUED ISSUED SHARES — THIS SE	   <i>("X" BOX FOR ATTACH</i>    CTION <u>MUST</u> BE COMPLETED	 IMENT) [	
unber of Shares	Class/Series	Par Value	Number of Shares	Class Series	Par Value	
3,000	COMMON	\$1.00	900	COMMON	\$1.00	
his report must be a	executed on behalf of the	corporation by an autho corporation by the receive	rized representative. If the c	ornoration is in the hands	06.0	

File Date 24/7-09 Check No 225	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 bein are true and covert.  Signature  Date
By:	STEVEN C. BROWN  Print or Type Name  PRESIDENT  Title