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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.	2. Name of Corporation			
21738	ROGERS AUTOMOTIVE SERVICE INC.			
3. Street Address Principal Business Office		City	State	Zip
188 Washington Street		West Warwick	RI	02893
4. Business Phone No.	5. State of Incorporation			
(401) 828 - 7979	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
ALFRED GIL	57 Fawn Lane	West Warwick	RI	02893

Vice President Name	Street Address	City	State	Zip
RICHARD P. CHAMPAGNE, JR.	2 Old Hope Road	Coventry	RI	02816

Secretary Name	Street Address	City	State	Zip
RICHARD P. CHAMPAGNE, JR.	2 Old Hope Road	Coventry	RI	02816

Treasurer Name	Street Address	City	State	Zip
ALFRED GIL	57 Fawn Lane	West Warwick	RI	02893

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
ALFRED GIL	57 Fawn Lane	West Warwick	RI	02893

Director Name	Street Address	City	State	Zip
RICHARD P. CHAMPAGNE, JR.	2 Old Hope Road	Coventry	RI	02816

Director Name	Street Address	City	State	Zip
NONE	N/A	N/A	N/A	N/A

Director Name	Street Address	City	State	Zip
NONE	N/A	N/A	N/A	N/A

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	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.

[redacted] [redacted]

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 *Date* 2/16/09

ALFRED GIL
Print or Type Name

President
Title

[redacted]

File Date	FILED
Check No.	FEB 18 2009
By:	By JDG

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Form 630 Rev. 08/08

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