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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(c), 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 |
|---|---|
| 396613 | LINO & EDGAR TRUCK REPAIR, INC. |

| 3. Street Address (Principal Business Office) | City | State | Zip |
|---|---|---|---|
| 35 QUEEN STREET 2nd FL | CRANSTON | RI | 02920 |

| 4. Business Phone No. | 5. State of Incorporation |
|---|---|
| 401-365-1209 | Rhode Island |

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

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

| President Name | Vice President Name |
|---|---|
| Audelino Quinonez | EDGAR HOTA |
| Street Address: 35 QUEEN STREET | Street Address: 110 WAVERLLY STREET |
| City: CRANSTON State: RI Zip: 02920 | City: Providence State: RI Zip: 02907 |
| Secretary Name | Treasurer Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

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

| Director Name | Director Name |
|---|---|
| Audelino Quinonez | EDGAR HOTA |
| Street Address: 35 QUEEN STREET | Street Address: 110 WAVERLLY ST |
| City: CRANSTON State: RI Zip: 02920 | City: Providence State: RI Zip: 02907 |
| Director Name | Director Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

**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 |
|---|---|---|
| 100 | — | 0 |
| | | |

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]

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.

[redacted] 1/15/09
*Signature* *Date*

Audelino Quinonez
*Print or Type Name*

President
*Title*

[redacted]

*File Date* 2-19-09
*Check No.* 1222
*By:* MMC

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Form 630 Rev. 08/08