

By_

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of Stat Corporations Divisio. 148 W. River Stree Providence, RI 02904-261 401.222.304

Form 630 Rev. 08/08

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-, subject to a penalty fee of \$25.00.	1.2-1501(e), each corpo	oration failing or refusing to file its an	nual report within thirty (30) o	days after the time prescribed by la	w (R.I.G.L. 7-1.2-1501(c&d)) is	
1 Corporate ID No. 102587	2. Name of Corp Johnson T	2. Name of Corporation Johnson Tire and Service Corporation				
3. Street Address Principal Business Office 375 MIANTONOMO DRIVE			City WARWICK	State RI	^{Zip} 02888	
<i>i Business Phone No.</i> 4017397247 5 State of Incorporation RHODE ISLAND						
6. Brief Description of the Charac To service and repair mo	ter of Business Conductor vehicles of all	cted in Rhode Island I types and nature and to sel	l all kinds of parts, acce	ssories and equipment re	lating to motor vehicles	
7. NAMES AND ADDRESS President Name STEPHEN C. JOHNSO	SES OF THE OFFI	CERS: ("X" BOX FOR ATTA	CHMENT) FILL IN Vice President Name STEPHEN C. JOH	SPACES BEFORE USING	ATTACHMENTS	
Street Address 375 MIANTONOMO DRIVE			Street Address 375 MIANTONOMO DRIVE			
WARWICK	state RI	2φ 02888	Cay WARWICK	Sunc RI	^{Zqp} 02888	
Secretary Name STEPHEN C. JOHNSON			Treasurer Name STEPHEN C. JOHNSON			
Street Address 375 MIANTONOMO DRIVE			Street Address 375 MIANTONOMO DRIVE			
^{City} WARWICK	State RI	^{Ζφ} 02888	City WARWICK	State RI	Ζιρ 02888	
8. NAMES AND ADDRESS Director Name	ES OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT) FILL I Director Name	N SPACES BEFORE USING		
Street Address			Street Address			
(My	State	Zip	Clty:	State	Zip	
Orector Name		······J	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED				 	IMENT)	
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.			Number of Shares	Class/Series	Par Value	
			100	COMMON	NO PAR VALUE	
This report must be execut	ed on behalf of th	e corporation by an authorize	ed representative. If the	corporation is in the hands	of a receiver or trustee,	
ms report must be execute	ed on behalf of the	corporation by the receiver	or trustee.			
File Date F	•		including any acc	perjury, I declare and affirm the ompanying schedules and stature true and sorreor	nat I have examined this report tements, and that all statemen	
Check NoFEB 2 0 20	009		Signature STEPHEN (C. JOHNSON	Date	
Bv. By	<i>324.</i>		Print or Type Name			

PRESIDENT

Title