



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. 64510		2. Name of Corporation NISSAN OF SMITHFIELD, INC.		
3. Street Address Principal Business Office 297 G. Washington Highway				
		City Smithfield	State RI	Zip 02917
4. Business Phone No. 232-2800		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island automobile dealership				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name RICHARD J. CONTI		Vice President Name		
Street Address 297 G. Washington Highway		Street Address		
City Smithfield	State RI	Zip 02917	City	State RI
Secretary Name RICHARD J. CONTI		Treasurer Name RICHARD J. CONTI		
Street Address 297 G. Washington Highway		Street Address 297 G. Washington Highway		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name RICHARD J. CONTI		Director Name		
Street Address 297 G. Washington Highway		Street Address		
City Smithfield	State RI	Zip 02917	City	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares 100		Class/Series Common	Par Value No Par Value	
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.				

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.

FILED
File Date
Check No. FEB 23 2009
By: By 13213
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.
Signature [Signature] Date 2/19/09
Richard J. Conti
Print or Type Name
President
Title