



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. <u>75068</u> | | 2. Name of Corporation <u>Performance Plus Auto Reconditioning, Inc.</u> | | | | | |
| 3. Street Address Principal Business Office <u>1199 WEST MAIN Road</u> | | City <u>Middletown</u> | | State <u>RI</u> | | Zip <u>02842</u> | |
| 4. Business Phone No. <u>401-842-6800</u> | | 5. State of Incorporation <u>Rhode Island</u> | | | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | | |
| President Name <u>Greg Achilles</u> | | | | Vice President Name <u>Same</u> | | | |
| Street Address <u>10 Ocean View Drive</u> | | | | Street Address | | | |
| City <u>Middletown</u> | | State <u>RI</u> | | City | | Zip | |
| Secretary Name <u>Same</u> | | | | Treasurer Name <u>Same</u> | | | |
| Street Address | | | | Street Address | | | |
| City | | State | | City | | Zip | |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | | | |
| Director Name | | | | Director Name | | | |
| Street Address | | | | Street Address | | | |
| City | | State | | City | | Zip | |
| Director Name | | | | Director Name | | | |
| Street Address | | | | Street Address | | | |
| City | | State | | City | | Zip | |
| 9. SHARES AUTHORIZED | | | | | | | |
| 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | | | |
| ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | | | | | | |
| Number of Shares <u>100</u> | | Class/Series <u>Common</u> | | Par Value <u>None</u> | | | |
| 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.

| | |
|---------------------------------|----------------|
| File Date | <u>2-23-09</u> |
| Check No. | <u>8585</u> |
| By: | <u>MNC</u> |
| 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 Greg Achilles Date 2/19/09
Print or Type Name
President
Title