

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 101.222,3040

2009 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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(cord it is

subject to a penalty fee of \$25.00. L. Corporate ID No. 2. Name of Corporation 4529 COLUMBÚS SERVICE, INC. Street Address Principal Business Office 298 Montgomery Avenue Cranston RI 02905 5. State of Incorporation 401-941-9473 Rhode Island 6 Prief Description of the Character of Business Conducted in Rhode Island Automobile repair 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Richard F. Carpenter None Street Libbrose Street Address 298 Montgomery Avenue ZipCranston RI 02905 ecretary Name Treasurer Nam Richard F. Carpenter Richard F. Carpenter Street Address Street Address 298 Montgomery Avenue 298 Montgomery Avenue RI Cranston 02905 02905 Cranston RΙ 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Richard F. Carpenter Street Address Street Address 298 Montgomery Avenue chry State Zip CH_{Γ} State Zip02905 Cranston RI Director Name Director Name Mreet Address Street Address Gitt Zip State : City State Zip9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARDS — THIS SECTION $\underline{\text{MUST}}$ BE COMPLETED Number of Shares class/Series 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 300 COMMON No Par Value 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.

Title

File Date FILED
Check N.E.B 2 4 2009
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FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this re	
neluding any accompanying schedules and statements, and that all statem	ients
contained herein are true and entroet	
July 18 mm la 3/17/04	
ignature Vate	
RICHARD F. CARPENTER	
^p rint or Type Name	
DDESIDENT	