

subject to a penalty fee of \$25.00.

A. Ralph Mollis, Secretary of State Corporations Dussion 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

401.222.30
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.

Fin 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(e0:d)) is a finite to a popular for a file of \$25.00

iorperate ID No. 53344	2 Name of Corpora Bucci's	Auto, Inc		State	Zip	
Strong Address Principal Business Office			City	D T	02864	
300 Mendo		5 State of Incorporation	Cumberland			
Business Phone No.						
401-7264530 Rhode Islan  Biref Description of the Character of Business Conducted in Rhode Island					_ <del>_</del>	
Stref Description of the Charac	ter of Business Conducted	pairs. paint	ing, Retail Who	lesale of Pa	rts	
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Peter K. Landers				Sarah J. Landers		
va Address			: Street Address : 106 Log Road			
106 Log R	oad		: City	State	Zip	
(y	State D. T	02830	Harrisville	R.I.	02830	
Harrisville	R.I.		: Treasurer Name			
ecretagy Name			Peter K. Lar	Peter K. Landers 11		
Peter K. Landers			Street Address	Street Address		
106 Log Road			331 Minerva	Avenue	Zup	
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Harrisville	R.I.	02830	Cumberland in	SPACES BEFORE USING	ATTACHMENTS	
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Director Name			Director Name			
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City	Since	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		TOP ATTAC	LIMENT)	
9. SHARES AUTHORIZI	l ED	l	10. SHARES ISSUED	("X" BOX FOR ATTAC	HMENI) [	
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This information is currently of record in the Office of the Secretary of			of Number of Shares	Ciaiss series		
State. Changes require an additional filing. See Section 9 of instruction sheet.				common_	none	
			400			
		I	norized representative. If the given or trustee.	corporation is in the hand	ds of a receiver or truste	
This report must be exc	cuted on behalf of t	he corporation by the reco	giver or trustee.			
this report must be exec	on benan or n	ic corporation by				
			Under penalty of	perjury, I declare and affirm	that I have examined this i	
			including any ac	companying schedules and	statements, and that an state	
	21/ 20		contained herein	are true and correct.	7/22/	
20	24-09		Xara	4 Tymalla	Dote 135/0	
File Date	1111-17		Signature	/	2	
Check No	772/		<u>Sarah</u>			
mmn			Print or Type Na	me		
Cherx Sto.	mmn	/				
By.	mnc	<i></i>		resident		