STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
148 W. River St., 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

** 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. 75323

2. Name of Corporation RICHARD G. STURN AUTO TRANSPORTATION, INC.

3. Street Address Principal Business Office 646 LEWIS FARM ROAD — *City* GREENE — *State* RI — *Zip* 02827

4. Business Phone No. 4013973923

5. State of Incorporation RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
TO TRANSPORT NEW AND USED MOTOR VEHICLES.

7. NAMES AND ADDRESSES OF THE OFFICERS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name RICHARD G. STURN
Street Address 646 LEWIS FARM ROAD
City GREENE *State* RI *Zip* 02827

Vice President Name ELIZABETH A. VICEDOMINI-STURN
Street Address 646 LEWIS FARM ROAD
City GREENE *State* RI *Zip* 02827

Secretary Name RICHARD G. STURN
Street Address 646 LEWIS FARM ROAD
City GREENE *State* RI *Zip* 02827

Treasurer Name ELIZABETH A. VICEDOMINI-STURN
Street Address 646 LEWIS FARM ROAD
City GREENE *State* RI *Zip* 02827

8. NAMES AND ADDRESSES OF THE DIRECTORS ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name RICHARD G. STURN
Street Address 646 LEWIS FARM ROAD
City GREENE *State* RI *Zip* 02827

Director Name ELIZABETH A. VICEDOMINI-STURN
Street Address 646 LEWIS FARM ROAD
City GREENE *State* RI *Zip* 02827

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
2,000	COMM	NO PAR VALUE

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
2,000	COMMON	NO PAR

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.

[redacted] 7 5 3 2 3

*75323
File Date 2-24-09
Check No. 3400
By: mnc
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

X [signature] 2/23/09
Signature of Officer *Date*

Richard G. Sturn
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 12/05