

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 Filling Period: January 1 - March 1 • Filling Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

AUTOMOBILE REPAIR AND SALE OF AUTOMO	JTOMOBILE REPAIR PAI		State RI	02891	
(401) 322 0320 6. Brief Description of the Character of Business Conducted AUTOMOBILE REPAIR AND SALE OF AUTOMOBILE REPAIR AND SALE OF AUTOMOBILE REPAIR AND SALE OF THE OFFICE President Name Ronald G. Fusaro Street Address P.O. Box 1481	RHODE ISLAND In Rhode Island JTOMOBILE REPAIR PAI	CHMENT) [FILL IN	IES		
AUTOMOBILE REPAIR AND SALE OF AUTOMO	JTOMOBILE REPAIR PAI	CHMENT) [FILL IN	IES		
Ronald G. Fusaro Ireet Address P.O. Box 1481 Illustrate	RS: ("X" BOX FOR ATTA	CHMENT) FILL IN			
Ronald G. Fusaro Street Address P.O. Box 1481 City State		Vice President Name	SPACES BEFORE USING	3 ATTACHMEN	
P.O. Box 1481		Vice President Name None			
ity State	Street Address P.O. Boy 1481		Street Address		
	02891	City	State	Zip	
Secretary Name Ronald G. Fusaro		Treasurer Name Ronald G. Fusaro			
P.O. Box 1481		Street Address P.O. Box 1481			
Westerly State	^{Zip} 02891	City Westerly	State RI	Zip 02891	
. NAMES AND ADDRESSES OF THE DIRECT	ORS: ("X" BOX FOR ATI		I N SPACES BEFORE USIN		
Ponald G. Fusaro		Director Name None			
P.O. Box 1481		Street Address	***************************************		
Westerly RI	^{Zip} 02891	City	State	Ζψ	
irector Name		Director Name	d		
Street Address		Street Address			
ity State					
State State	Zip	City	State	Zip	
SHARES AUTHORIZED		10. SHARES ISSUED ISSUED SHARES — THIS SE	("X" BOX FOR ATTACE CTION MUST BE COMPLETED	 HMENT) []	
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.		Number of Shares	Class/Series	Par Value	
		100	Common	None	
	_	+ .4			
This report must be executed on behalf of the contribution that the contribution of th	orporation by an authorize	d representative. If the c	orporation is in the hands	s of a receiver	

of perjury, Udeclare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. File Date FILE Check No FEB 2 6 2009 Ronald G. Fusaro Print or Type Name President FOR SECRETARY OF STATE USE ONLY Title Form 630 Rev. 08/08