

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 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. 7-1.2-150).

subject to a penalty fee of \$25.00.		jaman garan sajaman garan sasan.	man report was an intry (50)	tanys agreet the time presentioea by ta	uv (R.I.G.L. 7-1.2-1501(cod)) is	
1. Corporate ID No. 154950	Automotive Per	Name of Corporation Automotive Personnel Agency of Rhode Island				
3. Street Address Principal Business Office 31 Pitch Pine Place			<i>Gity</i> Wakefield	State RI	^{Zip} 02879	
4. Business Phone No. 5. State of Incorporation Rhode Island						
6. Brief Description of the Characte. Personnel Placement and	r of Business Conducted in Life and Health Insu	Rhode Island rance Sales		Serbina.		
7. NAMES AND ADDRESSE President Name Eleanor Danielski	S OF THE OFFICERS	6: ("X" BOX FOR ATTA	CHMENT) [FILL II Vice President Name	N SPACES BEFORE USING	ATTACHMENTS	
Street Address 31 Pitch Pine Place			Street Address			
City Wakefield	State RI	^{Zip} 02879	City	State	Zip	
Secretary Name	** d **********************************	***************************************	Treasurer Name	·······		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTENDIRECTOR Name None			FILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name	********************		Director Name			
Street Address			Street Address			
Сцу	State	Zip	City	Stete	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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	
			5000	Common	\$1.00	
This report must be executed this report must be executed	on behalf of the cor on behalf of the corp	poration by an authorize poration by the receiver	ed representative. If the or trustee.	corporation is in the hand	s of a receiver or trustee,	
					_	
			Under penalty of including any ac	f perjury. I declare and affirm a	that I have examined this report itements, and that all statements	
File Date	ED		contained herein	are true and correct.	2-25-c	
Check NoFEB 2'	7 2009		Signature Date			
B v \3	301		Eleanor Danielski			
By:			Print or Type Name			
FOR SECRETARY OF ST	ATE USE ONLY		President2			
		J	Title		Form 630 Rev. 08/08	