RI SOS Filing Number: 200943496290 Date: 03/02/2009 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

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(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
10347	Tiffany Motors Inc.			
3. Street Address Principal Business Office		City	State	Zip
328 Valley ST.		Prov.	RI	02908
4. Business Phone No.	5. State of Incorporation			
401 831-1540	RI			

6. Brief Description of the Character of Business Conducted in Rhode Island
Sale of used Cars

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

President Name			Vice President Name		
John Rini			Raffaela Rini		
Street Address			Street Address		
15 Westwood Manor Dr.			110 Cheryl Dr.		
City	State	Zip	City	State	Zip
Johnston	RI	02909	Johnston	RI	02919
Secretary Name			**Treasurer Name**		
Raffaela Rini			John Rini		
Street Address			Street Address		
110 Cheryl Dr.			15 Westwood Manor Dr.		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02909

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

Director Name			Director Name		
John Rini					
Street Address			Street Address		
15 Westwood Manor Dr.					
City	State	Zip	City	State	Zip
Johnston	RI	02909			
Director Name			Director Name		
Raffaela Rini					
Street Address			Street Address		
110 Cheryl Dr.					
City	State	Zip	City	State	Zip
Johnston	RI	02919			

9. SHARES AUTHORIZED
600 Comm NO PAR VALUE

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
none		~~none~~

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] [redacted]

FILED
File Date MAR 02 2009
Check No. By 7639
By:
FOR SECRETARY OF STATE USE ONLY

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.

Signature John Rini *Date* 2-26-09

Print or Type Name JOHN RINI

[redacted]

Title PRESIDENT

Form 630 Rev. 08/08

30819-14-354284