

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 preceded by Law (B.I.G.L. 7-1.2-1501).

1 Corporate ID No. 36073	2. Name of Cor Atwood Im	2. Name of Corporation Atwood Imported Motor Sales, Inc.				
3. Street Address Principal Bu. 6 Rotary Drive	iness Office		Johnston	State RI	Ζίμ 02919	
		5. State of Incorporation Rhode Island			02313	
6. Brief Description of the Cha Importing, buying, selli	racter of Business Condu		, makk. Whyte	- 1489 P-1489.		
7. NAMES AND ADDRE		ICERS: ("X" BOX FOR ATTA	A <i>CHMENT</i> )	SPACES BEFORE USING	ATTACHMENTS	
President Name Elena Pagliarini		Vice President Name None				
Street Address 1177 Atwood Avenu	e		Street Address			
<sub>Cin</sub> Johnston	State RI	Ζίρ 02919	City	State	Zip	
Secretary Name Elena Pagliarini		Treasurer Name Elena Pagliarini				
Street Address 1177 Atwood Avenue			Street Address 1177 Atwood Avenue			
<sub>Сііў</sub> Johnston	State RI	<sup>Ζφ</sup> 02919	Gity Johnston	State RI	Zip 02919	
8. NAMES AND ADDRE Director Name	SSES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT) TILL I Director Name	N SPACES BEFORE USIN	IG ATTACHMENTS	
Elena Pagliarini						
1177 Atwood Avenue	<b>)</b>		Street Address			
Gib Johnston	State RI	ζψ 02919	City	State	Zip	
Director Name			Director Name			
Street Address		Street Address				
Tity .	State	Zip	City	State	Zip	
). SHARES AUTHORIZI	ED.	l		O <i>("X" BOX FOR ATTAC</i> ECTION <u>MUST</u> 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	Glass/Series	Par Value	
			75	common	none	
This report must be exec	uted on behalf of th	ne corporation by an authorize	ed representative. If the	corporation is in the hand	ls of a receiver or trustee.	
ms report must be exect	ited on behalf of th	e corporation by the receiver	or trustee.			
			Under penalty of including any acc	perjury, I declare and affirm ompanying schedules and st	that I have examined this repo atements, and that all stateme	
FIL	.ED		contained herein a	are true and correct.	2 lack	
File Date	2 2009		Signuire	Hoff Club	(	
Check No.	1 (		Elena Pagli	arini	12010	
By:			Print or Type Name			
<i>D</i> y			President			