



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. 133275		2. Name of Corporation Woonsocket Car Care, Inc.			
3. Street Address Principal Business Office 471 Arnold Street			City Woonsocket	State R.I.	Zip 02895
4. Business Phone No. 766-0566		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island repair and recondition motor vehicles					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael S. Kun			Vice President Name Cathie E. Kun		
Street Address 20 Tall Oaks Ct.			Street Address 20 Tall Oaks Ct.		
City Cumberland	State R.I.	Zip 02864	City Cumberland	State R.I.	Zip 02864
Secretary Name Cathie E. Kun			Treasurer Name Michael S. Kun		
Street Address 20 Tall Oaks Ct.			Street Address 20 Tall Oaks Ct.		
City Cumberland	State R.I.	Zip 02864	City Cumberland	State R.I.	Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1,000 no par value			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series common	Par Value 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.

FILED

File Date **MAR 02 2009**

Check No. **4807**

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 Michael S. Kun Date 2/27/09

Print or Type Name MICHAEL S. KUN

Title PRESIDENT