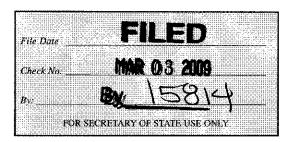


A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

subject to a penalty jee of \$25.00	<i>.</i> .					
1. Corporate ID No. 139313		2. Name of Corporation MIKE'S SERVICE AUTO BODY, INC.				
3. Street Address Principal Business Office 1070 Tower Hill Road			^{Ciiյ} North Kingstown⊦	State RI	Ζίρ 02852	
4. Business Phone No. 401-294-4379		5. State of Incorpora Rhode Island	5. State of Incorporation Rhode Island			
6. Brief Description of the Chara automobile repair	icter of Business Condi	ucted in Rhode Island				
7. NAMES AND ADDRES President Name	SES OF THE OU	ICERS: ("X" BOX FOR	ATTACHMENT) THE INS	PACES BEFORE USING	ATTACHMENTS	
Michael A. Henry			Kimberly A. Henry	•		
Street Address 1070 Tower Hill Road			Street Address 1070 Tower Hill Roa	Street Address 1070 Tower Hill Road		
City North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	^{Zip} 02852	
Secretary Name Kimberly A. Henry			Treasurer Name Michael A. Henry			
Street Address 1070 Tower Hill Road			Street Address 1070 Tower Hill Roa	Street Address 1070 Tower Hill Road		
City North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	Ζψ 02852	
8. NAMES AND ADDRES Director Name	ses ôf the dir	ECTORS. ("X" BOX FOI	R ATTACHMENT) TILL IN Director Name	SPACES BEFORE USIT	KG ATTACHMENTS	
Street Address		, , , , , , , , , , , , , , , , , , , ,	Street Address			
Guy	State	Zip	City	State	Zip	
Director Name			Director Name	Director Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZE				("X" BOX FOR ATTAC TION 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.			y of Number of Shares	Class/Series	Par Value	
			100	Common	none	
				TON SUSTER A	1,7 a 40 7 K	
This report must be executive report must be executive.			norized representative. If the co	orporation is in the hand	Is of a receiver or trustee,	

this report must be executed on behalf of the corporation by the receiver or trustee.



	
Under penalty of perjury, I declare and affir	m that I have examined this report,
including any accompanying schedules and	statements, and that all statements
contained herein are true and correct.	
Meaden	_ 3/2/09
Signature	Date
MICHAEL A. HENRY	
Print or Type Name	
President	
Title	
	Form 630 Rev. 08/08