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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			
157391	AKA Paint Doctor, Inc.			
3. Street Address Principal Business Office		City	State	Zip
200 Putnam Pike		Johnston	RI	02919
4. Business Phone No.	5. State of Incorporation			
401-486-8941	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Motorcycle repair and restoration

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

President Name	Street Address	City	State	Zip
Mark P. Lebrun	44 Marie Anne Court	Woonsocket	RI	02895

Vice President Name	Street Address	City	State	Zip
Mark P. Lebrun	44 Marie Ann Court	Woonsocket	RI	02895

Secretary Name	Street Address	City	State	Zip
Mark P. Lebrun	44 Marie Anne Court	Woonsocket	RI	02895

Treasurer Name	Street Address	City	State	Zip
Mark P. Lebrun	44 Marie Anne Court	Woonsocket	RI	02895

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

Director Name	Street Address	City	State	Zip
Mark P. Lebrun	44 Marie Anne Court	Woonsocket	RI	02895

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Mark P. Lebrun	44 Marie Anne Court	Woonsocket	RI	02895

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par
THIS SECTION MUST BE COMPLETED		

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]

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.

Mark P. Leb — 2-26-09
Signature *Date*

Mark P. Lebrun
Print or Type Name

President
Title

[redacted]

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File Date MAR 03 2009
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By:
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