



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. 157391		2. Name of Corporation AKA Paint Doctor, Inc.			
3. Street Address Principal Business Office 200 Putnam Pike			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-486-8941		5. State of Incorporation 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 Mark P. Lebrun			Vice President Name Mark P. Lebrun		
Street Address 44 Marie Anne Court			Street Address 44 Marie Ann Court		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
Secretary Name Mark P. Lebrun			Treasurer Name Mark P. Lebrun		
Street Address 44 Marie Anne Court			Street Address 44 Marie Anne Court		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Mark P. Lebrun			Director Name		
Street Address 44 Marie Anne Court			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
Director Name Mark P. Lebrun			Director Name		
Street Address 44 Marie Anne Court			Street Address		
City Woonsocket	State RI	Zip 02895	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 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.

FILED	
File Date	MAR 03 2009
Check No.	By 853
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: Mark P. Lebrun Date: 2-26-09
Print or Type Name: Mark P. Lebrun
Title: President