



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. 9809		2. Name of Corporation Mel's AUTO CLINIC LTD		
3. Street Address Principal Business Office 1514 Newport Avenue		City Pawtucket	State R.I.	Zip 02861
4. Business Phone No. 401 726-6260		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Gasoline Service STATION				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Joan A. Leiper		Vice President Name Gary W. Leiper		
Street Address 162 Harris ST		Street Address 162 Harris ST		
City Pawt	State RI	Zip 02861	City Pawt	State RI
Secretary Name Joan A. Leiper		Treasurer Name Joan A. Leiper		
Street Address 162 Harris ST		Street Address 162 Harris ST		
City Pawt	State RI	Zip 02861	City Pawt	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED 200		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 200	Class/Series Comm	Par Value No Par Value

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.

File Date	3-3-09
Check No.	5502
By:	MMC
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: Joan A. Leiper Date: 2-20-08
Print or Type Name: Joan A. Leiper
Title: President