

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

401.222.30

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(ce'd)) is

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 157393	2 Name of Corporation ROUTE 146 AUTO SALES					
3. Street Address Principal Business Office 1097 EDDIE DOWLING HWY			N. SMITHFIELD	State RI	^{Zip} 02896	
4. Business Phone No. 401-762-4200		5. State of Incorporation RHODE ISLAND				
6. Brief Description of the Character of Business Conducted in Rhode Island AUTO SALES						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name Vice President Name						
ANTHONY LAVORNIA			DENA LAVORNIA			
Street Address 1097 EDDIE DOWLING HWY			Street Address 1097 EDDIE DOWLING HWY			
N. SMITHFIELD	State RI	2ip 02896	N, SMITHFIELD	RI	23p 02896	
Secretary Name DENA LAVORNIA			Treasurer Name ANTHONY LAVORNIA			
Street Address 1097 EDDIE DOWLING HWY			Street Address 1097 EDDIE DOWLING HWY			
City	State	Zip	City	State	Zio	
N. SMITHFIELD	RI	02896	N. SMITHFIELD	RI	02896	
	OF THE DIRECTORS	E (A BOAFOR AII	ACHMENT) FILL IN SPAC	LES BEFORE USING AT	TACHMENTS	
ANTHONY LAVORNIA			Director Name DENA LAVORNIA			
Street Address 1097 EDDIE DOWLING HWY			Street Address 1097 EDDIE DOWLING HWY			
City	State	Zip	City	State	Zip	
N. SMITHFIELD	RI	02896	N. SMITHFIELD	RI	02896	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			ISSUED SHARES — THIS SECTION			
This information is currently			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			1000	COMMON	\$0.01	
			100	СОММОИ	\$0.01	
This report must be executed this report must be executed of	on behalf of the corpo	oration by an authorize	ed representative. If the corporator trustee.	ation is in the hands of a	n receiver or trustée,	

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
Fite Dave FILED	contained herein are true and correct 340109
Check MAR 0 5 2009	Anthony Lavornia
By FOR SECRETARY OF STATE USE ONLY	Print or Type Name OUNCY
<u> </u>	Title