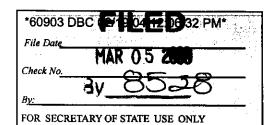


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

I. Corporate ID No. 60903	LACK) 2. Name of Corporation CAMS AUTOMOTIVE SERVICES, INC.					
3. Street Address Principal Bus		JIVIOTIVE CEITVIC	City	I State	7:	
8 TOTEM POLE TRAIL			SMITHFIELD	State RI	Zip	
4. Business Phone No.		5. State of Incorpor		- KI	02917	
401-228-8180 RHODE ISLAN				6. SIC Code		
7. Brief Description of the Char	ontar of Business Cau		AIND		8953	
AUTOMOTIVE REPAIR S		uuciea in Knoae Isiana				
Siyaski seriki da	The second second	F				
President Name Robert A. Ciaramello			Vice President Name	Vice President Name		
Street Address				. John M. Albert		
			Street Address			
TOTEM POLE TRAIL			·98 Mandon Road			
City SMITHFIELD	State RI	Zip	City South Attleb	oro Ma.	^{Zip} 0270 3	
ecretary Name	· · · · · · · · · · · ·	02917	Treasurer Name		02/03	
Robert A. Ciarame	110		Robert A. Ciara	mello		
Street Address			* Street Address			
8 TOTEM POLE TRAIL			.8 TOTEM POLE TRAIL			
ity	State	Zip	*City		17:-	
SMITHFIELD	RI	02917	. SMITHFIELD	State	Zip	
		02317	· OHITHETEHD	RI	02911	
Director Name			Director Name		## CE (V. F. C.)	
Robert A. Ciarame	110		4			
Street Address			Street Address			
TOTEM POLE TRAI	L		b			
City	State	Zip	• City	State	Zin	
SMITHFIELD	RI	02917	*	Dance	Zip	
Director Name			Director Name			
			Director Name			
Street Address			· Street Address			
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lity	State	Zip	City	State	Zip	
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UTHORIZED SHARES			ISSUED SHARES			
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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,000 NO PAR VALUE			2000	Common	NPV	
his report must be sion	ed in ink hy eithe	r the President Vic	o President Secretary Assis	tant Sacratary Traces	rer Pagainar an	
his report must be signe	ed in ink by eithe	r the President, Vic	l e President, Secretary, Assis	tant Secretary, Treast	ırer, Receiver	



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 of Officer

Robert A. Ciaramello

Print or Type Name of Officer

President

Form 630 12/01