



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. <b>93677</b>		2. Name of Corporation <b>Diversified Repair Services, Inc</b>	
3. Street Address Principal Business Office <b>503 Hoppin Hill Avenue</b>		City <b>North Attleboro</b>	State <b>MA</b>
Zip <b>02760</b>		4. State of Incorporation <b>Rhode Island</b>	
5. Brief Description of the Character of Business Conducted in Rhode Island <b>to repair and service air powered instruments and tools</b>		6. State of Incorporation <b>Rhode Island</b>	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Michael F. MARCHITTO Jr</b>		Vice President Name <b>none</b>	
Street Address <b>503 Hoppin Hill Avenue</b>		Street Address <b>none</b>	
City <b>North Attleboro</b>	State <b>MA</b>	City <b>none</b>	State <b>none</b>
Zip <b>02760</b>	Treasurer Name <b>Joan MARCHITTO</b>		
Secretary Name <b>Joan MARCHITTO</b>		Street Address <b>503 Hoppin Hill Avenue</b>	
City <b>North Attleboro</b>	State <b>MA</b>	City <b>North Attleboro</b>	State <b>MA</b>
Zip <b>02760</b>	Zip <b>02760</b>		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>Michael MARCHITTO Jr.</b>		Director Name <b>Joan MARCHITTO</b>	
Street Address <b>503 Hoppin Hill Avenue</b>		Street Address <b>503 Hoppin Hill Avenue</b>	
City <b>North Attleboro</b>	State <b>MA</b>	City <b>North Attleboro</b>	State <b>MA</b>
Zip <b>02760</b>	Zip <b>02760</b>		
Director Name <b>none</b>		Director Name <b>none</b>	
Street Address <b>none</b>		Street Address <b>none</b>	
City <b>none</b>	State <b>none</b>	City <b>none</b>	State <b>none</b>
Zip <b>none</b>	Zip <b>none</b>		
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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 <b>1000</b>	Class/Series <b>.01</b>

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.

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 **Michael F. MARCHITTO** Date **3/5/09**  
Print or Type Name  
**President**  
Title

File Date <b>FILED</b>
Check No. <b>MAR 06 2009</b>
By: <b>09</b>
FOR SECRETARY OF STATE USE ONLY