

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 subject to a penalty fee of \$25.00.	.2-1501(e), each corpore	ation failing or refusing to file its an	nual report within thirty (30) d	lays after the time prescribed by la	nw (R.I.G.L., 7-1.2-1501(c&d)) is	
1. Corporate ID No. 54399	Class Act M	2. Name of Corporation Class Act Motors, Inc.				
3. Street Address Principal Business Office 475 Elmwood Avenue			Providence	State RI	<i>Zip</i> 02907	
4. Business Phone No. (401) 831-5000		5. State of Incorporation Rhode Island				
6. Brief Description of the Charact Used car dealership	er of Business Conducte	ed in Rhode Island			·	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Robert Kalunian			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Robert Kalunian			
Street Address 475 Elmwood Avenue			Street Address 475 Elmwood Avenue			
Providence	State RI	^{Zip} 02907	City Providence	State RI	^{Zip} 02907	
Secretary Name Robert Kalunian			Treasurer Name Robert Kalunian			
Street Address 475 Elmwood Avenue			Street Address 475 Elmwood Avenue			
Providence	State RI	^{Zip} 02907	City Providence	State RI	^{Zip} 02907	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Robert Kalunian			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name			
Street Address 475 Elmwood Avenue			Street Address			
City Providence	State RI	^{Ziji} 02907	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED	ı	I		("X" BOX FOR ATTACE CTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value	
			1000	Common	No Par	
This report must be execute this report must be executed	ed on behalf of the d on behalf of the	corporation by an authorize corporation by the receiver	ed representative. If the coor trustee,	corporation is in the hand	s of a receiver or trustee,	
			Under penalty of p	perjury, I declare and affirm t	that I have examined this report.	
FILED			contained herein a	ompanying schedules and sta	atoments, and that all statements	
File Date		_	Signature		Date Date	
By // Jof			Robert Kalunian			
			Print or Type Name President	,		
FOR SECRETARY OF STATE USE ONLY			Title		- 1	