

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(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-150).

PURITAN	2. Name of Corporation PURITAN CHRYSLER, INC.				
3. Street Address Principal Business Office 21 Garden City Drive		City Cranston	State RI	Zip 02920	
4. Business Phone No. (401) 946-3800 S. State of Incorporation Rhode Island				02020	
Character of Business Condu nip.	cted in Rhode Island				
Martin P. Gertsacov		ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Joan S. Kopels			
Street Address 10 Maryann Drive City State 275		Street Address 24 Dellwood Road			
State RI	Ζίρ 02921	^{Сиу} Cranston	State RI	^{Ζψ} 02920	
Secretary Name Martin P. Gertsacov		Treasurer Name Martin P. Gertsacov			
Street Address 10 Maryann Drive		Street Address 10 Maryann Drive			
State RI	02921	City Cranston	State RI	_{Zip} 02921	
RESSES OF THE DIRE	CTORS: ("X" BOX FOR ATT	TACHMENT) FILL II Director Name	N SPACES BEFORE USIN	NG ATTACHMENTS	
		Street Address			
State RI	Ζφ 02921	City	State	Zip	
Director Name		Director Name			
Street Address		Street Address			
State	Zip	City	State	Zip	
ZED (I				
rrently of record in th	e Office of the Secretary of	Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.		100	Common	No par value	
	Business Office rive Character of Business Conduction ip. RESSES OF THE OFFICE RI State RI V State RI State RI State RI State RI Trently of record in the conduction	State RI	Business Office rive State of Incorporation Rhode Island	State of Incorporation Richard State of Incorporation Richard State of Incorporation Rhode Island	

File Date	FILED
Check No.	MAR 0 6 2009
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ı	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affi	irm that I have examined this report	
including any accompanying schedules an	d statements, and that all statements	;
contained herein are true and correct.		
Mat PS 7	2/12/19	
gnange	Date	-
Martin P. Gertsacov		
rint of Type Name		-
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President, Secretary and Treasurer