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 02903-2615
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(e)(d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation		
118845	AUTOSTORE, INC.		
3. Street Address Principal Business Office	**City**	**State**	**Zip**
1042 PUTNAM PIKE, P.O. BOX I	CHEPACHET	RI	02814
4. Business Phone No.	**5. State of Incorporation**		
401-568-6204	Rhode Island		

6. *Brief Description of the Character of Business Conducted in Rhode Island*
GENERALLY DEALING IN, REPAIRING, RENOVATING AND SERVICING ALL TYPES OF NEW AND USED AUTOMOBILES, TRUSTS AND OTHER MOTOR VEHICLES SERVICE AND REPAIR SHOP, BODY SHOP

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name			Vice President Name		
Daniel Shabo			Daniel Shabo		
Street Address			**Street Address**		
10 Maplewood Drive			10 Maplewood Drive		
City	**State**	**Zip**	**City**	**State**	**Zip**
Lincoln	RI	02865	Lincoln	RI	02865
Secretary Name			**Treasurer Name**		
Daniel Shabo			Daniel Shabo		
Street Address			**Street Address**		
10 Maplewood Drive			10 Maplewood Drive		
City	**State**	**Zip**	**City**	**State**	**Zip**
Lincoln	RI	02865	Lincoln	RI	02865

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
None					
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**
Director Name			**Director Name**		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐
ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	Common	No Par

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.

[redacted]

[redacted]

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: [signature] Date: April 1 2009

Daniel Shabo
Print or Type Name

President
Title

[redacted]

File Date ____
Check No. ____ 2009 APR -1 AM 11:41
By: ____
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

32104-2-272769