



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 02904-2675
401.322.3040

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)(4)) is subject to a penalty for of \$25.00.

1. Corporate ID No. 118845		2. Name of Corporation AUTOSTORE, INC.			
3. Street Address Principal Business Office 1042 PUTNAM PIKE, P.O. BOX 1			City CHEPACHET	State RI	Zip 02814
4. Business Phone No. 401-568-6204		5. State of Incorporation 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, TRUCKS 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 Daniel Shabo			Vice President Name Daniel Shabo		
Street Address 10 Maplewood Drive			Street Address 10 Maplewood Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Daniel Shabo			Treasurer Name Daniel Shabo		
Street Address 10 Maplewood Drive			Street Address 10 Maplewood Drive		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 100	Class/Series Common	Par Value 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.

File Date	
Check No.	11-11111-1
By:	
FOR SECRETARY OF STATE USE ONLY	

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
Daniel Shabo
Print or Type Name
President
Title

Date
April 1, 2009