



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.<br>000033335                                                                                                                           |               | 2. Name of Corporation<br>CISCO'S PERFORMANCE CENTER, INC. |                                                                     |                        |                           |
| 3. Street Address Principal Business Office<br>264 Weeden Street                                                                                           |               |                                                            | City<br>Pawtucket                                                   | State<br>RI            | Zip<br>02860              |
| 4. Business Phone No.<br>401-724-5040                                                                                                                      |               | 5. State of Incorporation<br>Rhode Island                  |                                                                     |                        |                           |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>auto sales and repairs                                                      |               |                                                            |                                                                     |                        |                           |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |               |                                                            |                                                                     |                        |                           |
| President Name<br>Jack S. Francisco                                                                                                                        |               |                                                            | Vice President Name<br>Jack S. Francisco                            |                        |                           |
| Street Address<br>140 1/2 Coyle Avenue                                                                                                                     |               |                                                            | Street Address<br>140 1/2 Coyle Avenue                              |                        |                           |
| City<br>Pawtucket                                                                                                                                          | State<br>RI   | Zip<br>02861                                               | City<br>Pawtucket                                                   | State<br>RI            | Zip<br>02861              |
| Secretary Name<br>Jack S. Francisco                                                                                                                        |               |                                                            | Treasurer Name<br>Jack S. Francisco                                 |                        |                           |
| Street Address<br>140 1/2 Coyle Avenue                                                                                                                     |               |                                                            | Street Address<br>140 1/2 Coyle Avenue                              |                        |                           |
| City<br>Pawtucket                                                                                                                                          | State<br>RI   | Zip<br>02861                                               | City<br>Pawtucket                                                   | State<br>RI            | Zip<br>02861              |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |               |                                                            |                                                                     |                        |                           |
| Director Name<br>Jack S. Francisco                                                                                                                         |               |                                                            | Director Name<br>none                                               |                        |                           |
| Street Address<br>140 1/2 Coyle Avenue                                                                                                                     |               |                                                            | Street Address<br>none                                              |                        |                           |
| City<br>Pawtucket                                                                                                                                          | State<br>RI   | Zip<br>02861                                               | City<br>none                                                        | State<br>none          | Zip<br>none               |
| Director Name<br>none                                                                                                                                      |               |                                                            | Director Name<br>none                                               |                        |                           |
| Street Address<br>none                                                                                                                                     |               |                                                            | Street Address<br>none                                              |                        |                           |
| City<br>none                                                                                                                                               | State<br>none | Zip<br>none                                                | City<br>none                                                        | State<br>none          | Zip<br>none               |
| 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 <b>MUST</b> BE COMPLETED               |                        |                           |
|                                                                                                                                                            |               |                                                            | Number of Shares<br>100                                             | Class/Series<br>common | Par Value<br>no par value |

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.

|                                 |                    |
|---------------------------------|--------------------|
| <b>FILED</b>                    |                    |
| File Date                       | APR 09 2009        |
| Check No.                       |                    |
| By:                             | <i>[Signature]</i> |
| 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]* 4/8/09  
Signature Date  
Jack S. Francisco  
Print or Type Name  
President  
Title