

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 2004 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. 7-1.2-1 subject to a penalty fee of \$25.00.	501(e), each corporation fai	iling or refusing to file its anni	ial report within thirty (30) days	after the time prescribed by lat	w (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 000033335	2. Name of Corporation CISCO'S PERFORMANCE CENTER, INC.					
3. Street Address Principal Business Office 264 Weeden Street		City Pawtucket	State RI	<i>Zip</i> 02860		
4. Business Phone No. 5. State of Incorporation 401-724-5040 Rhode Island			•			
6. Brief Description of the Character of auto sales and repairs	f Business Conducted in Rh	oode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC Prestdent Name Jack S. Francisco			CHMENT)			
Street Address 140 1/2 Coyle Avenue			Street Address 140 1/2 Coyle Avenue			
City Pawtucket	State RI	<sup>Zip</sup> 02861	City Pawtucket	State RI	<sup>Zip</sup> 02861	
Secretary Name Jack S. Francisco			Treasurer Name Jack S. Francisco			
Street Address 140 1/2 Coyle Avenue			Street Address 140 1/2 Coyle Avenue			
City Pawtucket	State RI	<sup>Zip</sup> 02861	<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02861	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTA Director Name Jack S. Francisco			ACHMENT)   FILL IN S Director Name NONE	SPACES BEFORE USING	G ATTACHMENTS	
Street Address 140 1/2 Coyle Avenue			Street Address none			
City	State	Zip DODC4	City	State	Zip De Co	
Pawtucket  Director Name	RI	02861	<b>NONE</b> Director Name	none	none	
none			<u> </u>			
Street Address none			Street Address none			
City	State	Zip	City	State	Zip CO	
•	none	-	* *			
none	none	none	none	none	none	
•	none	-	none 10. SHARES ISSUED (	none "X" BOX FOR ATTACE	none	
none 9. SHARES AUTHORIZED		none	none	none "X" BOX FOR ATTACE	none	
none	of record in the Office	none	none  10. SHARES ISSUED ( ISSUED SHARES — THIS SECT	none "X" BOX FOR ATTACE TON MUST BE COMPLETED	none none	
none 9. SHARES AUTHORIZED  This information is currently State. Changes require an ad	of record in the Office	none	none  10. SHARES ISSUED ( ISSUED SHARES — THIS SECT Number of Shares	none "X" BOX FOR ATTACH TON MUST BE COMPLETED  Class/Series	none  HMENT)  Par Value	

File Date	FILED				
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FOR SECRETARY OF STATE USE ONLY					

	Under penalty of perjury, I declare a including any accompanying sched compained herein are the and correct the contained herein are the and correct the contained herein are the and correct the contained herein are the analysis of the contained herein are the contained h	ules and statements, and th	
ر د ک	Signature	Date	
'	Jack S. Francisco		
	Print or Type Name		
	President		
	Title	Form 63	0 Rev. 08/08