



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><b>156825</b>                                                                                               |                    | 2. Name of Corporation<br><b>COLOMBIA AUTO SERVICE CORP.</b>        |                    |                     |           |
| 3. Street Address Principal Business Office<br><b>1160 WESTMINSTER ST.</b>                                                         |                    | City<br><b>PROVIDENCE</b>                                           | State<br><b>RI</b> | Zip<br><b>02909</b> |           |
| 4. Business Phone No.                                                                                                              |                    | 5. State of Incorporation<br><b>RI</b>                              |                    |                     |           |
| 6. Brief Description of the Character of Business Conducted in Rhode Island                                                        |                    |                                                                     |                    |                     |           |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                    |                                                                     |                    |                     |           |
| President Name<br><b>ELIZABETH ESQUIAQUI</b>                                                                                       |                    | Vice President Name<br><b>GREGORY BLANCHARD</b>                     |                    |                     |           |
| Street Address<br><b>55 MILTON AVE</b>                                                                                             |                    | Street Address<br><b>SAME</b>                                       |                    |                     |           |
| City<br><b>N. SMITHFIELD</b>                                                                                                       | State<br><b>RI</b> | Zip<br><b>02896</b>                                                 | City               | State               |           |
| Secretary Name                                                                                                                     |                    | Treasurer Name<br><b>ELIZABETH ESQUIAQUI</b>                        |                    |                     |           |
| Street Address                                                                                                                     |                    | Street Address<br><b>SAME</b>                                       |                    |                     |           |
| City                                                                                                                               | State              | Zip                                                                 | City               | State               |           |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                    |                                                                     |                    |                     |           |
| Director Name                                                                                                                      |                    | Director Name                                                       |                    |                     |           |
| Street Address                                                                                                                     |                    | Street Address                                                      |                    |                     |           |
| City                                                                                                                               | State              | Zip                                                                 | City               | State               |           |
| Director Name                                                                                                                      |                    | Director Name                                                       |                    |                     |           |
| Street Address                                                                                                                     |                    | Street Address                                                      |                    |                     |           |
| City                                                                                                                               | State              | Zip                                                                 | City               | State               |           |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                             |                    | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |                     |           |
| AUTHORIZED SHARES                                                                                                                  |                    | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                    |                     |           |
| Number of Shares                                                                                                                   | Class/Series       | Par Value                                                           | Number of Shares   | Class/Series        | Par Value |
| <b>1000</b>                                                                                                                        | <b>COMMON</b>      | <b>0</b>                                                            | <b>NONE</b>        | <b>COMMON</b>       | <b>0</b>  |

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                       | <b>FILED</b>       |
| Check No.                       | <b>AUG 24 2009</b> |
| By                              | <b>1420</b>        |
| 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.

**Elizabeth Esquiaqui** 8/21/09  
Signature Date  
**ELIZABETH ESQUIAQUI**  
Print or Type Name  
**PRES.**  
Title