



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporation Division
148 W. K. Street
Providence, RI 02903-2602
(401) 277-4000

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. 9785 | | 2. Name of Corporation Terry's Tire & Auto Service, Inc. | | | |
| 3. Street Address Principal Business Office 36 Blackstone Street | | City Woonsocket | State RI | Zip 02895 | |
| 4. Business Phone No. (401) 766-3270 | | 5. State of Incorporation Rhode Island | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island To Buy, Sell, exchange and repair automobiles and trucks, Tires, Tubes, accessories and equipment | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Gil A. Denomme | | Vice President Name Gil A. Denomme | | | |
| Street Address 28 Sleepy Hollow Drive | | Street Address 28 Sleepy Hollow Drive | | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| Secretary Name Gil A. Denomme | | Treasurer Name Gil A. Denomme | | | |
| Street Address 28 Sleepy Hollow Drive | | Street Address 28 Sleepy Hollow Drive | | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Gil A. Denomme | | Director Name | | | |
| Street Address 28 Sleepy Hollow Drive | | Street Address | | | |
| City Cumberland | State RI | Zip 02864 | City | State | Zip |
| Director Name | | Director Name | | | |
| Street Address | | Street Address | | | |
| City | State | Zip | City | State | Zip |
| 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 |
| 600 | Common | No Par | 600 | 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.

FILED

File Date OCT 28 2009
Check No. By DS
By: 1024151
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 Date 10/28/09
Gil A. Denomme
President

RECEIVED
15:24 10/28/09
CORPORATION DIVISION
STATE