

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of St Corporations Divis 148 W. River St.

Providence, RI 02904-20 401.222.30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

| Filing Period: January 1 - N * In accordance with R.I.G.L. 7-1.2- subject to a penalty fee of \$25.00. | larch 1 • Filing Fee: 501(e), each corporation fa | \$50.00* • THIS REPO | RT MUST BE TYPED OR I was all report within thirty (30) days all | PRINTED LEGIBLY IN | BLACK INK. 2.I.G.L. 7-1.2-1501(c&d)) i. |
|--|--|--|--|--|--|
| 1. Corporate ID No. 104315 | 2. Name of Corporation MEL'S MOTORS USED CAR SALES, INC. | | | | |
| 3. Street Address Principal Business Office 1210 ELMWOOD AVENUE | | | PROVIDENCE | State RI | <i>хі</i> р 02907 |
| 4. Business Phone No. 5. State of Incorporation RI | | | | | |
| 6. Brief Description of the Character of Sale of used cars. | | | | · | · · · · · · |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAC President Name VAL FOLCO | | | Vice President Name NONE | | |
| Street Address 23 DARTMOUTH ROAD | | | Street Address | | |
| City CRANSTON | State RI | ^{Zip} 02920 | City | State | Zip |
| Secretary Name VAL FOLCO | | | Treasurer Name VAL FOLCO | | |
| Street Address SAA | | | Street Address SAA | | |
| City | State | Zip | City | State | Zip |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name VAL FOLCO Street Address | | | NONE 2 | | |
| 23 DARTMOUTH ROAD | | | Street Address | | |
| CRANSTON | State RI | <i>Σφ</i> 02920 | City | State | |
| NONE | | | NONE | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip m |
| 9. SHARES AUTHORIZED | 10000000000000000000000000000000000000 | | 10. SHARES ISSUED (*) ISSUED SHARES — THIS SECTION | | BNT) □ |
| 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. | | | Number of Shares | Class/Series | Par Value |
| | | | 1000 | NA | No Par Value |
| | | | | THE THE ELECTION OF THE THE STATE OF THE STA | |
| This report must be executed this report must be executed or | on behalf of the corpo | oration by an authorized ration by the receiver of | d representative. If the corpor trustee. | oration is in the hands of | a receiver or trustee, |
| | (, 9 | | | | |
| File Date Check No. | DE BY | (C 14 2009 (M) 29-10 601 | contained herein are true Signature VAL FOLCO | | I have examined this repo ents, and that all statemen And Date |
| oy. | | | Print or Type Name PRESIDENT | | |