



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. 104315		2. Name of Corporation MEL'S MOTORS USED CAR SALES, INC.			
3. Street Address Principal Business Office 1210 ELMWOOD AVENUE		City PROVIDENCE		State RI	Zip 02907
4. Business Phone No. 401.941.1818		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Sale of used cars.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name VAL FOLCO			Director Name NONE		
Street Address 23 DARTMOUTH ROAD			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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 <u>MUST</u> BE COMPLETED		
			Number of Shares 1000	Class/Series NA	Par Value 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.

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

DEC 14 2009

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
VAL FOLCO
Print or Type Name
PRESIDENT
Title

Date
12/14/09