RI SOS Filing Number: 200955573770 Date: 12/21/2009 4:00 PM

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 2010

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.	2. Name of Corporation			
36627	AUTO RESTORATIONS UNLIMITED INC.			
3. Street Address Principal Business Office		City	State	Zip
1452 PARK AVE.		CRANSTON	RHODE ISLAND	02920
4. Business Phone No.	5. State of Incorporation			
401-943-1100	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
AUTO BODY REPAIR AND PAINTING

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
KEVIN VILLENEUVE			DAVINA VILLENEUVE		
Street Address			Street Address		
1100 HIGH HAWK RD.			1100 HIGH HAWKL RD.		
City	State	Zip	City	State	Zip
EAST GREENWICH	R.I.	02818	EAST GREENWICH	R.I.	02818
Secretary Name			Treasurer Name		
DAVINA VILLENEUVE			KEVIN VILLENEUVE		
Street Address			Street Address		
1100 HIGH HAWK RD.			1100 HIGH HAWK RD.		
City	State	Zip	City	State	Zip
EAST GREENWICH	R.I.	02818	EAST GREENWICH	R.I.	02818

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

RECEIVED
2009 DEC 21 AM 11:10
SECRETARY OF STATE
CORPORATIONS DIV

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	NONE

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.

[redacted]

11'10

File Date FILED

Check No. DEC 21 2009

By: By 06537

FOR SECRETARY OF STATE USE ONLY

41793-7-441556

[redacted]

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.

Kevin Villeneuve 12/15/09
Signature *Date*

KEVIN VILLENEUVE
Print or Type Name

PRES.
Title

Form 630 Rev. 08/08