



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. 36627		2. Name of Corporation AUTO RESTORATIONS UNLIMITED INC.			
3. Street Address Principal Business Office 1452 PARK AVE.			City CRANSTON	State RHODE ISLAND	Zip 02920
4. Business Phone No. 401-943-1100		5. State of Incorporation 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 KEVIN VILLENEUVE			Vice President Name DAVINA VILLENEUVE		
Street Address 1100 HIGH HAWK RD.			Street Address 1100 HIGH HAWK RD.		
City EAST GREENWICH	State R.I.	Zip 02818	City EAST GREENWICH	State R.I.	Zip 02818
Secretary Name DAVINA VILLENEUVE			Treasurer Name KEVIN VILLENEUVE		
Street Address 1100 HIGH HAWK RD.			Street Address 1100 HIGH HAWK RD.		
City EAST GREENWICH	State R.I.	Zip 02818	City EAST GREENWICH	State R.I.	Zip 02818
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name 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
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 100	Class/Series COMMON	Par Value 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.

11/10

FILED

File Date DEC 21 2009

Check No. 106537

By: [Signature]

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.

Kevin Villeneuve 10/27/2009
Signature Date
KEVIN VILLENEUVE 10/27/2009
Print or Type Name
PRES.
Title