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

A. Ralph Mollis, Secretary of Stat
Corporations Divisio
148 W. River Stre
Providence, RI 02904-261
401.222.304

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
105958	401 MOTORING, INC.

3. Street Address Principal Business Office	City	State	Zip
1980 EAST MAIN ROAD	PORTSMOUTH	RHODE ISLAND	02871

4. Business Phone No.	5. State of Incorporation
401-683-7517	RHODE ISLAND

6. Brief Description of the Character of Business Conducted in Rhode Island
COMPONENT INSTALLATION AND RECONDITIONING OF AUTOMOBILES

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

President Name	Vice President Name
JOHN J. DEARRUDA	NONE
Street Address: 1980 EAST MAIN ROAD	Street Address:
City: PORTSMOUTH State: RHODE ISLAND Zip: 02871	City: State: Zip:
Secretary Name: JOHN J. DEARRUDA	Treasurer Name: JOHN J. DEARRUDA
Street Address: 1980 EAST MAIN ROAD	Street Address: 1980 EAST MAIN ROAD
City: PORTSMOUTH State: RHODE ISLAND Zip: 02871	City: PORTSMOUTH State: RHODE ISLAND Zip: 02871

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

Director Name	Director Name
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

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	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.

[redacted]

[redacted]

Under penalty of perjury, I declare and affirm that I have examined this repor including any accompanying schedules and statements, and that all statemen contained herein are true and correct.

Signature John J DeArruda *Date* 1/4/2010

JOHN J DEARRUDA
Print or Type Name

PRES, SEC, TREASURE
Title

File Date FILED

Check No. JAN 08 2010

By: By 5729

43799-4-397651
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[redacted]

Form 630 Rev. 08/08