RI SOS Filing Number: 201056113430 Date: 01/11/2010 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Divis
148 W. River
Providence, RI 02904-2(
401.222.3(

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		
17048	NORMAN'S, INC.		
3. Street Address Principal Business Office	City	State	Zip
Brant Trail	West Greenwich	RI	02817
4. Business Phone No.	5. State of Incorporation		
401-397-3000	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island

SALE OF USED AUTO AND TRUCK PARTS.

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

President Name	Street Address	City	State	Zip
Norman E. Carpenter, Jr.	Brant Trail	W. Greenwich	RI	02817

Vice President Name	Street Address	City	State	Zip
Norman E. Carpenter, Jr.	Brant Trail	W. Greenwich	RI	02817

Secretary Name	Street Address	City	State	Zip
Shelley Carpenter	Brant Trail	W. Greenwich	RI	02817

Treasurer Name	Street Address	City	State	Zip
Norman E. Carpenter, Jr.	Brant Trail	W. Greenwich	RI	02817

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

Director Name	Street Address	City	State	Zip
Norman E. Carpenter, Jr.	Brant Trail	W. Greenwich	RI	02817
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED: (X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED: (X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 COMM NO PAR VALUE	common	no par value	-0-	common	no par value
			THIS SECTION MUST BE COMPLETED		

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]

17048
File Date FILED
Check No.
By
FOR SECRETARY OF STATE USE ONLY

[redacted]

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

X Norman E. Carpenter Jr. pres - 7-10
Signature *Date*

Norman E. Carpenter, Jr.
Print or Type Name

President
Title

Form 620 Rev. 08/06