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(c), 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 | | |
|---|---|---|---|
| 76970 | J & R Auto Repair, Inc. | | |
| 3. Street Address Principal Business Office | City | State | Zip |
| 75 Russe Street | Cranston | RI | 02910 |
| 4. Business Phone No. | 5. State of Incorporation | | |
| (401) 941-6464 | RHODE ISLAND | | |

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF REPAIRING, RENOVATING, SERVICING AND RECONDITIONING AUTOMOBILES

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

| President Name | | | Vice President Name | | |
|---|---|---|---|---|---|
| Joseph Riccio | | | None | | |
| Street Address | | | Street Address | | |
| 75 Russe Street | | | | | |
| City | State | Zip | City | State | Zip |
| Cranston | RI | 02910 | | | |
| Secretary Name | | | Treasurer Name | | |
| Joseph Riccio | | | Joseph Riccio | | |
| Street Address | | | Street Address | | |
| 75 Russe Street | | | 75 Russe Street | | |
| City | State | Zip | City | State | Zip |
| Cranston | RI | 02910 | Cranston | RI | 02910 |

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

| Director Name | | | 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 |
| | | | | | |

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**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 | Per Value |
|---|---|---|
| 1,000 | common | $1.00 |
| | | |

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.

FILED
*File Date* JAN 14 2010
*Check No.* By DS 1:46
*By:* 108293
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44014-1-412851

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* *Date* 1/12/10

Joseph Riccio
*Print or Type Name*

President
*Title*

Form 630 Rev. 08/08