

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(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(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(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(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(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(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(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(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(e); each corporation failing or refusing the fail of the fail

I. Corporate ID No. 1332		2. Name of Corporation Dee Jay's Auto Center and Car Wash, Inc.				
3. Street Address Principal Business Office 1472 Fall River Avenue		Cuy Seekonk	State MA	2ip 02771		
4. Business Phone No. 5. State of Incorporation (508) 336-5953 Massachusetts						
 Brief Description of the Che Car wash and auto re NAMES AND ADDR 	pair.		CHMENT) [] FILL IN	SPACES REFORE USING	2 ATTACHMENTS	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name David J. Duarte			Vice President Name Judith A. Duarte			
Street Address 1472 Fall River Avenue			Street Address 1472 Fall River Avenue			
ଫାନ Seekonk	State MA	Ζιμ 02771	City Seekonk	State MA	^{Zip} 02771	
Secretary Name David J. Duarte			Treasurer Name Judith A. Duarte			
Street Address 1472 Fall River Avenue			Street Address 1472 Fall River Avenue			
cio Seekonk	State MA	^{Ζίρ} 02771	Gh Seekonk	State MA	^{Zip} 02771	
8. NAMES AND ADDRI Director Name David J. Duarte	ESSES OF THE DIRE	ECTORS: ("X" BOX FOR ATT	TACHMENT) T FILL I Director Name	N SPACES BEFORE USIN	NG ATTACHMENTS	
Street Address 1472 Fall River Avenue			Street Address			
ा _ए Seekonk	State MA	7 <i>ip</i> 02771	Güy	State	Zip	
Director Name			Director Name	******************************		
Street Address			Street Address			
City	State	Zij)	Cit _{j'}	State	Zip	
). SHARES AUTHORIZ	ŒĐ	1		 		
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.			Number of Shares	Class/Series	Par Value	
			- 0 -		No par	
This report must be executive report must be executive.	ecuted on behalf of the	ne corporation by an authorize e corporation by the receiver	ed representative. If the or trustee.	corporation is in the han	ds of a receiver or trus	
			including any acc gontained herein	perjury, I declare and affirm ompanying schedules and sare true and correct.	that I have examined this tatements, and that all sta	
File Date	4-2010 3980		Signature Signature	A Duarte		
Ву:	mnc	_	Print or Type Nam	e		
FOR SECRETARY	OF STATE USE ONLY		Title	TRES		