

A. Raipb 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

Fling 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(cord)) is

subject to a penalty fee of \$25.00.					
1. Corporate ID No. 2. Name of Corporation					
73106		SERVICE, INC.		<u> </u>	<u>,</u>
3. Street Address Principal Business Og	fice		City	State	Zip
3096 Post Road			Warwick	RI	02886
4. Business Phone No. (401)739-0896  5. State of Incorporation RHODE ISLANT			D		
7. NAMES AND ADDRESSES President Name	SERVICE AUTO OF AUTOMOTIVE OF THE OFFICERS:	OMOTIVE REPAIR	Vice President Name	S BEFORE USING ATTA	NG THE SALE
Richard A. St. Martin			Lori J. St. Martin		
Street Address 105 Hammet Road			Street Address 105 Hammet Road		
City	State	Zip	City	State	Zip 0.201.6
Coventry	RI	02816	Coventry	RI	02816
Secretary Name IORI J. St. Martin			Treasurer Name Richard A. St. Martin		
Street Address			Street Address		
105 Hammet Road			105 Hammet Road		
Сиу	State	Zip	City	State	<sup>Zip</sup> 02816
Coventry	RI	02816	Coventry	RI	
Director Name	OF THE DIRECTORS	S ( A BUATUK AII.	CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS  Director Name		
Richard A. St. Mar	rtin		Lareboxin ingred		
Street Address			Street Address		
105 Hammet Road					
City	State	Zip	City	State	Zip
Coventry	RI	02816	•		
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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
			100	Common	No Par Value
This report must be executed this report must be executed or				ition is in the hands of a	a receiver or trustee,

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements		
File Date FILED	contained herein are true and correct.		
Check No. FEB 02 2010	Signature Richard A. St. Martin		
By: 345256	Print or Type Name President		
FOR SECRETARY OF STATE USE ONLY	Title Form 630 Rev. 08/08		