

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&d)) is subject to a penalty fee of \$25.00.

Count 1 I I I posses Budge etc. of the com-		ody, Inc.	City	State	Zip
3. Nircet Address Principal Business Office 181 Putnam Avenue		Johnston	Rhode Island	02919	
4. Business Phone No. 5. State of Incorporation Rhode Island					
	service new and used i	motor vehicles and mot	tor vehicle parts and reta		MA CHINETINE
. NAMES AND ADDRESS resident Name	ES OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT)	ACES BEFORE USING AT	FACHMEN 15
Michael A. Grieco Street Address 1021 Hillsboro Mile, #708			Michael A. Grieco Street Address 1021 Hillsboro Mile, #708		
Secretary Name same as above			Treasurer Name same as above		
Street Address same as above			Street Address same as above		
cin same as above	State same as above	same as above	same as above	same as above	same as above
B. NAMES AND ADDRES: Director Name Michael A. Grieco	SES OF THE DIRECTOR	S: ("X" BOX FOR ATT	ACHMENT) [FILL IN Director Name	SPACES BEFORE USING A	ATTACHMENTS
Street Address		Street Address			
1021 Hillsboro Mile, #		Tya	Cito	State	Zip
City Hillsboro Beach	State Florida	33062	City Director Name		
Director Name			- Tareen . Admit		
Street Address		Strew Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZE	D D	I		("X" BOX FOR ATTACHM TION MUST BE COMPLETED	MENT)
This information is a secretary of			Number of Shares	Class/Sories	Par Value
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.			100	common	no par value
This report must be executhis report must be executive.	uted on behalf of the cornited on behalf of the corp	poration by an authoriz poration by the receiver	ed representative. If the c or trustee.	orporation is in the hands of	of a receiver or trusted
- Fi	LED		Under penalty of pincluding any accommodate to the container to the contai	perjury, I declare and affirm the ompanying schedules and state	at I have examined this rements, and that all states
			Signature	·	Date
Check NoFEB_04_2010			Michael A. Grieco		
1					
By:	14442O	_	Print or Type Name President	e	