

A. Ralph Mollis, Secretary of Sta Corporations Division

148 W. River Stre

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

Providence, RI 02904-261 401.222.304

* 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. 1. Corborate ID No. Name of Corporation 113230 Baxter's Truck & Auto Repair, Inc. 3 Street Address Principal Business Office 112 Samuel Gorton Avenue State Warwick RI 02889 4. Business Phone No 5. State of Incorporation 401-732-2886 R.I. 6. Brief Description of the Character of Business Conducted in Rhode Island Auto Repair 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) \Box FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Michael Baxter Laurie Baxter Street Address Street Address 112 Samuel Gorton Ave 112 Samuel Gorton Ave. City Warwick RI 02889 Warwick RΙ 02889 Secretary Name Treasurer Name Laurie Baxter Michael Baxter Street Address Street Address 112 Samuel Gorton Ave 112 Samuel Gorton Ave City Warwick RI **02889** Warwick RI 02889 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None None Street Address Street Address City State Zip City State Zip Director Name Director Name None None Street Address Street Address City State Zip City State Zip

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.

Number of Shares

None

File Date	2-5-2010
Check No	5327
Ву:	mnc
FOR	SECRETARY OF STATE USE ONLY

This information is currently of record in the Office of the Secretary of

State. Changes require an additional filing. See Section 9 of

9. SHARES AUTHORIZED

instruction sheet.

W. 1	
Under penalty of perjury, I declare an	d affirm that I have examined this report,
including any accompanying schedul	es and statements, and that all statements
contained herein are true and correct	
/ seurie tash	or 1/23/10
fignature /	Date
_aurie Baxter	
Print or Type Name	
Vice President	
Sitla.	·

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

Class/Series

STK

ISSUED SHARES — THIS SECTION $\underline{ ext{MUST}}$ BE COMPLETED

Par Value

0