



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 02904-2611
401.222.3044

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

1. Corporate ID No. 157393	2. Name of Corporation ROUTE 146 AUTO SALES		
3. Street Address Principal Business Office 1097 EDDIE DOWLING HWY	City NORTH SMITHFIELD	State RI	Zip 02896
4. Business Phone No. 401-762-4200	5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island AUTO SALES			

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

President Name ANTHONY LAVORNIA	Vice President Name DENA LAVORNIA				
Street Address 1097 EDDIE DOWLING HWY	Street Address 1097 EDDIE DOWLING HWY				
City NORTH SMITHFIELD	City NORTH SMITHFIELD	State RI	State RI	Zip 02896	Zip 02896
Secretary Name DENA LAVORNIA	Treasurer Name ANTHONY LAVORNIA				
Street Address 1097 EDDIE DOWLING HWY	Street Address 1097 EDDIE DOWLING HWY				
City NORTH SMITHFIELD	City NORTH SMITHFIELD	State RI	State RI	Zip 02896	Zip 02896

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

Director Name ANTHONY LAVORNIA	Director Name DENA LAVORNIA				
Street Address 1097 EDDIE DOWLING HWY	Street Address 1097 EDDIE DOWLING HWY				
City NORTH SMITHFIELD	City NORTH SMITHFIELD	State RI	State RI	Zip 02896	Zip 02896
Director Name	Director Name				
Street Address	Street Address				
City	City	State	State	Zip	Zip

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	Par Value
100	COMMON	\$0.01

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.

File Date	2-5-2010
Check No.	9191
By:	mnc
FOR SECRETARY OF STATE USE ONLY	

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	Anthony Lavornia	Date	2/3/10
Print or Type Name			
Owner / president			
Title			