

1. Corporate ID No. 36073

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

2. Name of Corporation
Atwood Imported Motor Sales, Inc.

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.

3. Street Address Principal Business Office 6 Rotary Drive		Gity Johnston	State RI	Zip 02919	
4. Business Phone No. 401-943-6054		5. State of Incorporation Rhode Island	ration		
	ng, repairing and re	efurbishing motor vehicles			
7. NAMES AND ADDRES	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Elena Pagliarini			None		
Street Address 1177 Atwood Avenue			Street Address		
City Johnston	State RI	^{Zip} 02919	Сіцу	State	Zip
Secretary Name Elena Pagliarini			Treasurer Name Elena Pagliarini		
Street Address 1177 Atwood Avenue			Street Address 1177 Atwood Avenue		
City Johnston	State RI	^{Zip} 02919	City Johnston	State RI	^{Zip} 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Elena Pagliarini			TACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address			Street Address		
1177 Atwood Avenue) ,		:		
City	State	Zip	City	State	Zip
Johnston	RI	02919			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zψ	City	State	Zip
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
			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.					
			75	common	none
This report must be executhis report must be execution	cuted on behalf of t	he corporation by an authorize ne corporation by the receiver	d representative. If the or trustee.	corporation is in the hand	ls of a receiver or trustee,
	;				
			Under penalty of	perjury, I declare and affirm	that I have examined this report
c Ell Er	<u> </u>		including any acc contained herein a	ompanying schedules and st are true and correct.	atements, and that all statement
File Date FILE	040		Signature	ayreyew	Date Date
By: By FOR SECRETARY OF STATE USE ONLY			Elena Pagliarini		
			Print or Type Nam	e	
			President		
FOR SECRETARY C	DESTATE USE ONLY		Title		
					Form 630 Rev. 08/08