



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 02904-2615  
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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 35520		2. Name of Corporation JK'S AUTOMOTIVE, INC.			
3. Street Address Principal Business Office 353 MAIN STREET			City WARREN	State RI	Zip 02885
4. Business Phone No. 401-245-5650		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island AUTOMOTIVE REPAIRS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES J. KING			Vice President Name THERESA PENNY CATALANO		
Street Address 581 CHILD STREET			Street Address 581 CHILD STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name THERESA PENNY CATALANO			Treasurer Name JAMES J. KING		
Street Address 581 CHILD STREET			Street Address 581 CHILD STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
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 NONE	Class/Series COMMON	Par Value NONE	
THIS SECTION MUST BE COMPLETED					

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: 2-18-2010  
Check No: 25852  
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: James J. King  
Date: 2/12/10

JAMES J. KING  
Print or Type Name  
PRESIDENT  
Title