



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. Bowen Street
Providence, RI 02904-2615
401-222-3000

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. 7-1-2-1501-15(d)), subject to a penalty fee of \$25.00

1. Corporate ID No. 1920		2. Name of Corporation BANNER BUICK-PONTIAC-GMC-SAAB, INC.			
3. Street Address, Principal Business Office 2909 TOWER HILL ROAD			City WAKEFIELD	State RI	Zip 02880
4. Business Phone No. 401-884-7200		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island AUTOMOBILE DEALERSHIP					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL J. NERI			Vice President Name MICHAEL J. NERI		
Street Address 32 KIRBY AVENUE			Street Address		
City WARWICK	State RI	Zip 02889	City	State	Zip
Director Name MICHAEL J. NERI			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHAEL J. NERI			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 1000 NO PAR VALUE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input 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	Class/Series	Par Value
			200	COMMON	NO PAR

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 **FILED**

Check No **FEB 19 2010**

By **23/101**

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 *[Signature]* Date **2/17/10**

MICHAEL J. NERI

Print or Type Name
PRESIDENT

Title