

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., 7-1.2-1	01(e), each corporation failing or reference	to Claim and I am a think to the control of the con
subject to a non-la f - CORE OO	(c), cach corporation juiling of rejusing	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.		y ma (101/6.2. / 1.2-1)01(10a)/ B
1 Charles and Proper		
1. Corporate ID No.	2. Name of Corporation	

3. Street Address Principal	The Enthu	oldot, inc.				
950 Smith Street			Providence	State RI	^{Zip} 02908	
4. Business Phone No. (401) 421-1170 5. State of Incorporation Rhode Island						
6. Brief Description of the C Automotive specialty	Character of Business Condu y shop.	cted in Rhode Island			<u> </u>	
'. NAMES AND ADD	RESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	ACHMENT) [] FILL IN	SPACES BEFORE USING	ATTACHMENTS	
Russell Rico			Vice President Name Cynthia Rico			
Street Address			Street Address			
1417 Atwood Avenue			1417 Atwood Avenue			
Johnston	State RI	^{Ζιρ} 02919	City Johnston	State RI	^{Zip} 02919	
Secretary Name Cynthia Rico			Treasurer Name Russell Rico			
Street Address 1417 Atwood Avenue			Street Address			
ii)	State	Zip	1417 Atwood Aven			
Johnston L NAMES AND ADDI	RI	02919	Johnston	RI RI	^{Zip} 02919	
Director Name	RESSES OF THE DIRE	CTORS: ("X" BOX FOR AT	TACHMENT) T FILL IN Director Name	N SPACES BEFORE USIN	G ATTACHMENTS	
Vone			None			
treet Address			Street Address			
Zity:	State	Zip	CH)·	State	Zip	
Director Name None			Director Name			
Street Address			None			
				Street Address		
ity	State	Ζip	City	State	Zip	
SHARES AUTHORIZ	ZED	1	10. SHARES ISSUED	("X" BOX FOR ATTACE	HMENT)	
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	CTION MUST BE COMPLETED Class/Series	<u> </u>	
			1,000	COMMON	Par Value	
			1,000	COMMON	NO PAR	
is report must be excis report must be exc	ecuted on behalf of the	corporation by an authorize	d representative. If the co	orporation is in the hands	of a receiver or truster	
port must be exe	carea on behalf of the	corporation by the receiver of	or trustee.			
			Under penalty of pe	mina. Ed. 1 too s		
	· · · · · · · · · · · · · · · · · · ·		including any accor	erjury, I declare and affirm the mpanying schedules and state	nat I have examined this re tements, and that all stater	
le Date	FILED		contained therein are	e true and correct.	,	
		-	Signature	ffin	2/12/10	
seck No.	EB 22 2010	_	Russell Rico	,	Date	
7	271616		Print or Type Name			
ღ ≺\.			· · · · · · · · · · · · · · · · · · ·			
EOR SECRETARY	OF STATE USE ONLY		President			