



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
401.222.3041

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. 60751 | 2. Name of Corporation THE CAR STORE, INC. |
|------------------------------|---|

| | | | |
|--|-------------------|-------------|--------------|
| 3. Street Address Principal Business Office 1 Colfax Street | City Pawtucket | State RI | Zip 02860 |
|--|-------------------|-------------|--------------|

| | |
|---|---|
| 4. Business Phone No. (401) 726-2300 | 5. State of Incorporation Rhode Island |
|---|---|

6. Brief Description of the Character of Business Conducted in Rhode Island
Sale of Automobiles

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

| | | | | | |
|---|-------------|--------------|--|-------------|--------------|
| President Name James A. Semenkow | | | Vice President Name Barbara A. Semenkow | | |
| Street Address 12 West Butterfly Way | | | Street Address 12 West Butterfly Way | | |
| City Lincoln | State RI | Zip 02865 | City Lincoln | State RI | Zip 02865 |

| | | | | | |
|---|-------------|--------------|---|-------------|--------------|
| Secretary Name Barbara A. Semenkow | | | Treasurer Name James A. Semenkow | | |
| Street Address 12 West Butterfly Way | | | Street Address 12 West Butterfly Way | | |
| City Lincoln | State RI | Zip 02865 | City Lincoln | State RI | Zip 02865 |

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

| | | | | | |
|---|-------------|--------------|---|-------------|--------------|
| Director Name Julie A. Marcotte (2nd Vice President) | | | Director Name Barbara A. Semenkow | | |
| Street Address 14 Fairview Avenue | | | Street Address 12 West Butterfly Way | | |
| City Lincoln | State RI | Zip 02865 | City Lincoln | State RI | Zip 02865 |

| | | | | | |
|-----------------------|-------|-----|---|-------------|--------------|
| Director Name None | | | Director Name James A. Semenkow | | |
| Street Address | | | Street Address 12 West Butterfly Way | | |
| City | State | Zip | City Lincoln | State RI | Zip 02865 |

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 |
|------------------|--------------|-----------|
| 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 2/26/2010
 Check No. 6692
 By: KMc

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 2-22-2010
 James A. Semenkow
 Print or Type Name
 President
 Title