

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 0290+-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. 7-1.2-150).

F Corporate ID No. 60549	2. Name of Cor CLASSIC	2. Name of Corporation CLASSIC CAR & VAN SALES, INC.				
3. Mreet Address Principal Business Office 1132 CRANSTON STREET			City CRANSTON	State RI	Δip 02920	
4. Business Phone Vo. 5. State of Incorpor Pd 943-4808		5. State of Incorporation				
6 Paret Description of the Characte AUTOMOTIVE SALES BU		cted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR AT Freshdent Name  JEFFREY ALOISIO			(CHMENT) THE IN S VICE President Name VALERIE ALOISIO	SPACES BEFORE USING	ATTACHMENTS	
Street Address 1132 CRANSTON ST			Street Address 1132 CRANSTON ST			
CRANSTON	State RI	<sup>Zip</sup> 02920	CRANSTON	State RI	Ζφ 02920	
Secretary Name DENISE ALOISIO			Treasurer Name JEFFREY ALOISIO			
Street Address 1132 CRANSTON ST			Street Address 1132 CRANSTON ST			
CRANSTON	State RI	χφ 02920	Ctty: CRANSTON	State RI	<i>Ζψ</i> <b>02920</b>	
8. NAMES AND ADDRESSE Director Name	S OF THE DIRE	ECTORS: ("X" BOX FOR ATA	TACHMENT) T FILL IN Director Name	I SPACES BEFORE USING	G ATTACHMENTS	
Street Address			Street Address			
Clt <sub>3</sub>	Satte	Zip	City	Stette	Zip	
Director Name			Director Name			
	Street Address			Street Address		
Street Address			•			
	State	ZĄ	Сйу	State	Ziţi	
Sirvet Address City  9. SHARES AUTHORIZED	State	Zψ	10. SHARES ISSUED	("X" BOX FOR ATTACE		
Oh: 9. SHARES AUTHORIZED		Zip  oc Office of the Secretary of	10. SHARES ISSUED			

this report must be executed on behalf of the corporation by the receiver or trustee.

FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date FEB 2 6 2010  Check No.	Signantic Signan
FOR SECRETARY OF STATE USE ONLY	Print or Type Name  TRE>IDENT  Title