



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. 5012		2. Name of Corporation COVENTRY WHEEL + BRAKE SERVICE, INC.	
3. Street Address Principal Business Office 13 ABBOTTS CROSSING RD		City COVENTRY	State RI
4. Business Phone No. 401 822-1400		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island FRONT END + BRAKE REPAIR			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name LEO R. PELLETIER		Vice President Name SUSAN L. PELLETIER	
Street Address 51 SHARON DR		Street Address 51 SHARON DR	
City COVENTRY	State RI	City COVENTRY	State RI
Zip 02816		Zip 02816	
Secretary Name DALE V. PELLETIER		Treasurer Name LEO R. PELLETIER	
Street Address 9 OSPREY DR		Street Address 51 SHARON DR	
City COVENTRY	State RI	City COVENTRY	State RI
Zip 02816		Zip 02816	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name LEO R. PELLETIER		Director Name SUSAN L. PELLETIER	
Street Address 51 SHARON DR		Street Address 51 SHARON DR	
City COVENTRY	State RI	City COVENTRY	State RI
Zip 02816		Zip 02816	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
		Number of Shares 500	Class/Series Common
		Par Value 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.	MAR 08 2010
By:	By 19486
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 **Leo R. Pelletier** Date **3/3/10**
LEO R. PELLETIER
Print or Type Name
PRESIDENT
Title