

Check No. _

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

401.222.3040

Form 630 Rev. 08/08

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

4. 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).

subject to a penalty fee of \$25.00.		anng or rejusing to jue is uni	uui report wiimn imriy (30) u	uys ujier ine iime prescrivea vy u	w (K.I.G.L., /-1,2-1501(cera)) is
1. Corporate ID No. 131003	2. Name of Corporation Simpson Brothers Auto Sales & Service Inc.				
3. Street Address Principal Business Office			City	State	Zip
19 Industrial Drive		Exeter	RI	02822	
l		5. State of Incorporation	_		
401-397-2700 Rhode Is 3 6. Brief Description of the Character of Business Conducted in Rhode Island			land		
Used Automobile	Sales & Serv	ice			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA		SPACES BEFORE USING	ATTACHMENTS
President Name			Vice President Name		
Ryan C. Morrow Street Address			Karen M. Morrow		
20 Pastureview Lane			Street Address 20 Pastureview Lane		
Hope	State RI	02831	Cny Hope	State RI	^{Zip} 02831
Secretary Name	d	. #	: Treasurer Name	·····	
Karen M. Morrow			Ryan C. Morrow		
Street Address			Street Address		
20 Pastureview Lane			20 Pastureview Lane		
CHy	State	Zip	City	State	Zip
Норе	RI	02831	Норе	RI	02831
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT		N SPACES BEFORE USIN	G ATTACHMENTS
Director Name			Director Name		A. #:
Street Address			Street Address		
		4 *.			SECRE CORP RAPA
City	State	Zip	City	State	
Director Name			Director Name		
Street Address			3 6 3		
			Street Address		
City	State	Zip	City	State	Egg 3.1V
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
1,000 no par value				CTION 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
			100		
			100	common	no par value
This report must be executed this report must be executed or	on behalf of the corpor behalf of the corpor	oration by an authorize oration by the receiver or	d representative. If the our trustee.	corporation is in the hand	s of a receiver or trustee,
			Hadan manalas	nomium. I doolo	des Thereses in the Property of the Property o
					that I have examined this report atements, and that all statement
]		true and correct.	memens, and may an statement
File Date			Krifon N	1 MMaxu)	3/3///
FILE	J		Signature	The second of th	Date

Karen M. Morrow Print or Type Name Vice President

Title