



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2010

**1. Corporate ID No.** 000003694

**2. Name of Corporation** CARRARA'S AUTO CLINIC, INC.

**3. Street Address Principal Business Office:**

No. and Street: 1225 ATWOOD AVENUE

City or Town: JOHNSTON

State: RI

Zip: 02919

Country: USA

**4. Business Phone No.**

401-942-8671

**5. State of Incorporation**

State:

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

VEHICLE REPAIR/used car sales

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	DIANNE M MALCUIT MRS.	46 CARON WAY N. SCITUATE, RI 02857 USA
SECRETARY	JUNE M CARRARA MRS.	46 CARON WAY N. SCITUATE, RI 02857 USA
VICE PRESIDENT	JASON M CARRARA MR.	46 CARON WAY N. SCITUATE, RI 02857 USA
PRESIDENT	DAVID F CARRARA	46 CARON WAY NORTH SCITUATE, RI 02857 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.00	1,000.00	1000

**9. 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.**

**Signed this 16 Day of September, 2010 at 9:58:58 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By DAVID F. CARRARA  
Signature of Authorized Representative of the Corporation

PRESIDENT  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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# State of Rhode Island and Providence Plantations

**A. Ralph Mollis**

*Secretary of State*

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly  
executed in accordance with the provisions of Title 7 of the General Laws  
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

*Secretary of State*

