



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) 222-3000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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(e)(2)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 8762		2. Name of Corporation TAP AUTO SERVICE, INC.		
3. Street Address-Principal Business Office 25 GRAND AVE		City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 401-658-1144		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island TRUCK REPAIRS AND INSPECTION				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name DONALD ST.GERMAIN		Vice President Name ALDOR ST.GERMAIN		
Street Address 865 DOUGLAS PIKE		Street Address 365 ST.PAUL ST		
City HARRISVILLE	State RI	Zip 02830	City NORTH SMITHFIELD	State RI
Secretary Name ALDOR ST.GERMAIN		Treasurer Name DONALD ST.GERMAIN		
Street Address 365 ST.PAUL ST		Street Address 865 DOUGLAS PIKE		
City NORTH SMITHFIELD	State RI	Zip 02896	City HARRISVILLE	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name DONALD ST.GERMAIN		Director Name ALDOR ST.GERMAIN		
Street Address 865 DOUGLAS PIKE		Street Address 365 ST.PAUL ST		
City HARRISVILLE	State RI	Zip 02830	City NORTH SMITHFIELD	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 100	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.

FILED

File Date: JAN 13 2011

Check No. _____

By: [Signature]

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] 1-11-11
Signature Date
DONALD ST.GERMAIN
Print or Type Name
PRESIDENT
Title