



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 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(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 118901		2. Name of Corporation PSR, Inc.		
3. Street Address Principal Business Office 1282 Hope Street			City Bristol	State RI
4. Business Phone No. 401-253-0440			5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island To render automotive repair and retail gasoline sales				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Paul T. Feeney		Vice President Name Stacey A. Feeney		
Street Address 8 Forest Avenue		Street Address 8 Forest Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI
Secretary Name Stacey A. Feeney		Treasurer Name Paul T. Feeney		
Street Address 8 Forest Avenue		Street Address 8 Forest Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Paul T. Feeney		Director Name Stacey A. Feeney		
Street Address 8 Forest Avenue		Street Address 8 Forest Avenue		
City Riverside	State RI	Zip 02915	City Riverside	State RI
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000	Common No Par		200	Common
				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 20 2011**

Check No. **6093**

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: *[Signature]* Date: **1/15/11**

Print or Type Name: **Paul T. Feeney**

Title: **President**