



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
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. 13140		2. Name of Corporation MUNICIPAL AUTO SALES, INC.			
3. Street Address Principal Business Office 2628 West Shore Road			City Warwick	State RI	Zip 02889
4. Business Phone No. 401-739-6727		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Auto sales and all other lawful purposes					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Anthony J. DelGiudice			Vice President Name Anthony S. Del Giudice		
President Street Address 17 Seneca Street			Vice President Street Address 63 Blake Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02886
Secretary Name Peter J. Kanelos			Treasurer Name Anthony J. DelGiudice		
Secretary Street Address 82 Amsterdam Avenue			Treasurer Street Address 17 Seneca Street		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Anthony J. DelGiudice			Director Name		
Director Street Address 17 Seneca Street			Director Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Director Name			Director Name		
Director Street Address			Director Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES -- THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	common	no par value	-200-	common	no par value
			THIS SECTION MUST BE COMPLETED		

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: 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] Date: 1/14/11

Anthony J. DelGiudice

Print or Type Name
President

Title