



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. 17039		2. Name of Corporation NORMANDIN CHEROLET BUICK INC.			
3. Street Address Principal Business Office 2970 MENDON ROAD, UNIT 99			City CUMBERLAND	State RI	Zip 02864
4. Business Phone No. 401-769-2012		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island AUTO DEALER - CLOSED					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name OSCAR PRESIDENT			Vice President Name OSCAR NORMANDIN		
Street Address 2970 MENDON ROAD UNIT 99			Street Address SAME		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name SANDRA MARTONE MACK			Treasurer Name OSCAR NORMANDIN		
Street Address 1500 FLEET CENTER			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOHN NORMANDIN			Director Name		
Street Address 294 LAKE SHORE DRIVE			Street Address		
City BELLINGHAM	State MA	Zip 02109	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 5000 NO PAR VALUE			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 1000	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 _____
Check No. **FEB 01 2011**
By: **RY 58308**
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.

Oscar V. Normandin - 1-31-11
Signature Date

OSCAR NORMANDIN

Print or Type Name

PRESIDENT

Title