



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. 505279		2. Name of Corporation BALISE SUBARU, INC.			
3. Street Address Principal Business Office 1400 POST ROAD			City WARWICK	State RI	Zip 02888
4. Business Phone No. 413-735-1001		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island AUTO SALES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES E. BALISE, JR.			Vice President Name MICHAEL D. BALISE		
Street Address 1102 RIVERDALE STREET			Street Address 1102 RIVERDALE STREET		
City WEST SPRINGFIELD	State MA	Zip 01089	City WEST SPRINGFIELD	State MA	Zip 01089
Secretary Name STEVEN M. MITUS			Treasurer Name JAMES E. BALISE, JR.		
Street Address 1102 RIVERDALE STREET			Street Address 1102 RIVERDALE STREET		
City WEST SPRINGFIELD	State MA	Zip 01089	City WEST SPRINGFIELD	State MA	Zip 01089
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JAMES E. BALISE, JR.			Director Name		
Street Address 1102 RIVERDALE STREET			Street Address		
City WEST SPRINGFIELD	State MA	Zip 01089	City	State	Zip
Director Name STEVEN M. MITUS			Director Name		
Street Address 1102 RIVERDALE STREET			Street Address		
City WEST SPRINGFIELD	State MA	Zip 01089	City	State	Zip
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	Par Value
20,000	COMMON	NO PAR	100	COMMON	NO PAR

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 CORPORATIONS DIV
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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 FEB 02 2011 1:15
 Check No. By 136315
 By: FMC
 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 1-14-2011
 STEVEN M. MITUS
 Print or Type Name
 SECRETARY
 Title