

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 failure as refusing to file us consuder account within this (2011).

2.0:	1	East Coast En	gire Rebuilders,	Inc	
	office ch Street		Smithfield	State Rhode Island	<sup>2φ</sup> 0291 <b>7</b>
4. Business Phone No. 5. State of Incorporation 407 –232–1420			Rhode Island		
6 Brief Description of the Characte.  Motor Vehicle E 7. NAMES AND ADDRESSE President Name	Engine Repairs s of the officers:			ACES BEFORE USING ATT	'ACHMENTS
John S. Keis Sr.			John S. Reis Sr.		
Street Address 12 John Street			Street Address 12 John Street		
City Greenvi]le	Rhode Island	<sup>Zip</sup> ^2828	Greenville	State Rhode Is and	<sup>Zip</sup> 12828
Carol Corriveau			Treasurer Name John S. Reis Sr.		
Street Address 497 Snake Hill Road			Street Address 12 John Street		
Morth Scituate	State Rhode Island		Greenville	State Rhode Island	<sup>zip</sup>
3. NAMES AND ADDRESSE Director Name  John S	s of the directors. S. Reis Sr.	6: ("X" BOX FOR ATT	TACHMENT) TILL IN S  Director Name	SPACES BEFORE USING AT	TTACHMENTS
Street Address 12 John Street			Street Address		
Greenville	Rhode Island	72828	City	State	Zip
Director Name	***************************************	<b>,</b>	Director Name	······································	A
Street Address			Street Address		
ТŊ	State	Zip	City	State	Zip
9. shares authorized 600 Common No Par Value			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			200	Common	No Par Value
This report must be executed	on behalf of the corpo	oration by an authoriza	d rapraeautativa II tha		
his report must be executed	on behalf of the corpor	ration by the receiver (	or trustee.	poration is in the hands of a	receiver or trustee,

FILED	Under penalty of perjury, I declare and affirm that including any accompanying schedules and states contained herein are true and correct.
File Date FEB 04 2011	Signaure S
By:	John S. Reis Sr.  Print or Type Name
FOR SECRETARY OF STATE USE ONLY	President Title