

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Division Corporations (Tableon 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.

1. Corporate ID No. 42849	1	TERPRISES, INC.			
3. Street Address Principal Business Office 119 Greenville Avenue		்பு <b>Johnsto</b> n	State RI	<i>Хір</i> 02919	
4. Business Phone No. 5. State of Incorporation 401-231-9694 Rhode Island					
in das niine and all other NAMES AND ADDRES Fesident Name	plesale and/or reta	cted in Rhode Island ail general items of commerc cts to repair and recondition.	Yehicles (CHMENT)   FILL IN S  Vice President Name	ss of a filling & service s	station including dealing
Elie N. Sakr  Street Address 49 Wilson Street			Mima Daou Sakr  Street Address 12 Gamma Court		
Johnston	State RI	<sup>Ζιμ</sup> 02919	North Providence	State RI	<sup>Zip</sup> 02911
Secretary Name Pierre Sakr			Treasurer Name Elie N. Sakr		
Street Address 12 Gamma Court			Street Address 49 Wilson Street		
North Providence	State RI	<sup>Дир</sup> 02911	City Johnston	State RI	Ζір <b>029</b> 19
. NAMES AND ADDRES: Director Name Elie N. Sakr irect Address	SES OF THE DIRE	ECTORS: ("X" BOX FOR AT	Director Name	SPACES BEFORE USIN	NG ATTACHMENTS
19 Wilson Street			Street Address		
Tty: Johnston Director Name	RI State	<sup>Z/p</sup> 02919	City  Director Name	State	Ζψ
treet Address			Street Address	· '70'	
йу	State	Ziţi	City	State	Zip
SHARES AUTHORIZED	) 	]		 <i>("X" BOX FOR ATTAC</i> TION <u>Must</u> 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
			1000	common	no par
This report must be executais report must be execut	ted on behalf of the	ne corporation by an authorize e corporation by the receiver	ed representative. If the coor trustee.	orporation is in the hand	s of a receiver or truste
	ED		Under penalty of poincluding any accordanced herein ar	erjury, I declare and affirm mpanying schedules and state true and correct.	that I have examined this ratements, and that all state
Theck No			Signature Elie N. Sakr		Date
INV INF	551		Print or Type Name		

President

Title