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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 OF 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.	2. Name of Corporation		
146617	PROVIDENCE AUTO IGNITION + MARINE, INC.		
3. Street Address Principal Business Office	City	State	Zip
90 LIBERA STREET	CRANSTON	RI	02920
4. Business Phone No.	5. State of Incorporation		
401-421-6542	RHODE ISLAND		

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
JOAN BOSCIA	RAYMOND D. BOSCIA
Street Address: 177 WOODSTOCK LANE	Street Address: 177 WOODSTOCK LANE
City: CRANSTON State: RI Zip: 02920	City: CRANSTON State: RI Zip: 02920
Secretary Name	**Treasurer Name**
JOAN BOSCIA	RAYMOND D. BOSCIA
Street Address: 177 WOODSTOCK LANE	Street Address: 177 WOODSTOCK LANE
City: CRANSTON State: RI Zip: 02920	City: CRANSTON State: RI Zip: 02920

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
JOAN BOSCIA	RAYMOND D. BOSCIA
Street Address: 177 WOODSTOCK LANE	Street Address: 177 WOODSTOCK LANE
City: CRANSTON State: RI Zip: 02920	City: CRANSTON State: RI Zip: 02920
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. SHARES AUTHORIZED
1,000 NO PAR VALUE

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COMMON	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.

[redacted]

FILED

File Date: FEB 22 2011
By: MNC
Check No.: 3496
By:

FOR SECRETARY OF STATE USE ONLY
58110-6-599993

$50.00 C/C.#3498
2/18/2011 R.I. SEC. OF STATE

[redacted]

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. J.B.

Joan [redacted] Boscia 2/18/2011
Signature *Date*

JOAN BOSCIA 2/18/2011
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 08/08