RI SOS Filing Number: 201177094740 Date: 03/31/2011 4:00 PM

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.	2. Name of Corporation			
74881	Precision Harley-Davidson, Inc			
3. Street Address Principal Business Office		City	State	Zip
269 Armistice Blvd		Pawtucket	RI	02860
4. Business Phone No.	5. State of Incorporation			
401-724-0010	RI			

6. Brief Description of the Character of Business Conducted in Rhode Island
Motorcycle sales and service

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

President Name			Vice President Name		
Richard Pilavin			James Pilavin		
Street Address			Street Address		
269 Armistice Blvd			21 Columbine Rd		
City	State	Zip	City	State	Zip
Pawtucket	RI	02860	Newton	MA	02459
Secretary Name			Treasurer Name		
Richard Pilavin			Richard Pilavin		
Street Address			Street Address		
269 Armistice Blvd			269 Armistice Blvd		
City	State	Zip	City	State	Zip
Pawtucket	RI	02860	Pawtucket	RI	02860

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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
2000	CNP	0.00

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] [redacted]

FILED
MAR 31 2011
By 141436 DS

File Date _____
Check No. _____
By: _____
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 3-29-11 *Date*

James Pilavin
Print or Type Name

VP
Title

[redacted]

60873-1-608876

Form 630 Rev. 08/08