



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. 46207		2. Name of Corporation WESTERN HILL AUTO SALES AND SERVICE, INC.			
3. Street Address Principal Business Office 2455 BRONCO HIGHWAY			City HARRISVILLE	State RI	Zip 02830
4. Business Phone No. 401.568.2324		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island SALE OF USED MOTOR VEHICLES AND THE REPAIR AND MAINTENANCE OF MOTOR VEHICLES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ALLAN HOPKINS			Vice President Name THOMAS ROMANO		
Street Address 1166 EAST WALLUM LAKE ROAD			Street Address 342 BROOK RD.		
City PASCOAG	State RI	Zip 02859	City HARRISVILLE	State RI	Zip 02830
Secretary Name MICHAEL ROMANO			Treasurer Name MICHAEL ROMANO		
Street Address 312 COOPER RD.			Street Address 312 COOPER RD.		
City CHEPACHET	State RI	Zip 02814	City CHEPACHET	State RI	Zip 02814
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 150	Class/Series COMMON	Par Value NO PAR VALUE

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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 MAR 31 2011
 Check No. _____
 By: [Signature]
 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 3-25-11
 ALLAN HOPKINS
 Print or Type Name
 PRESIDENT
 Title