



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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 555		2. Name of Corporation AJAX AUTO PARTS CO.			
3. Street Address Principal Business Office 144 MEDWAY STREET			City PROVIDENCE	State RI	Zip 02906
4. Business Phone No. 401 272 9330		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island DEALING IN AUTO PARTS					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name CHARLES T. COVE			Vice President Name CHARLES T. COVE		
Street Address PO BOX 29			Street Address PO BOX 29		
City PROVIDENCE	State RI	Zip 02901	City PROVIDENCE	State RI	Zip 02901
Secretary Name MARC B. GERTSACOV			Treasurer Name CHARLES T. COVE		
Street Address 144 MEDWAY STREET			Street Address PO BOX 29		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02901
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name CHARLES T. COVE			Director Name		
Street Address PO BOX 29			Street Address		
City PROVIDENCE	State RI	Zip 02901	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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 1000	Class/Series COMMON	Par Value NO PAR
			THIS SECTION MUST BE COMPLETED		

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.

12:55  
**FILED**  
JUL 08 2011  
By *[Signature]*  
148110

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]* 5/20/11  
Signature Date  
MARC B. GERTSACOV  
Print or Type Name  
SECRETARY  
Title

File Date  
Check No.  
By  
FOR SECRETARY OF STATE USE ONLY