



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
115 W. River Street
Providence, RI 02904-2615
401.222.3000

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. § 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. § 1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 75022		2. Name of Corporation R.D.M. MERCEDES REPAIR INC			
3. Street Address (Main and Business Office) 978 CRANDALL ROAD			City TIVERTON	State RI	Zip 02878
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island CAR REPAIRS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RAYMOND MULVENY			Vice President Name SAME AS PRESIDENT		
Street Address 978 CRANDALL ROAD			Street Address		
City TIVERTON	State RI	Zip 02878	City	State	Zip
Secretary Name SAME AS PRESIDENT			Treasurer Name SAME AS PRESIDENT		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RAYMOND MULVENY			Director Name		
Street Address 978 CRANDALL ROAD			Street Address		
City TIVERTON	State RI	Zip 02878	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 100	Class Series NPV	Par Value

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 **SEP 21 2011**

Check No. **2V 1371**

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 *R.D. Mulveny* Date **9/19/11**

Print or Type Name **R.D. MULVENY**

Title **PRES**