

2. Name of Corporation

1. Corporate ID No.

## AMENDED

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 2010

401.222.30

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

18257	Rebuilders Automotive Supply Co., Inc.				
3. Street Address Principal Business Office 1650 Flat River Road			City Coventry	State RI	<sup>Ζφ</sup> 02816
4. Business Phone No. 5. State of Incorporation (401) 822-3030 Rhode Island					
6. Brief Description of the Character of NAMES AND ADDRESSES	•		CHMENT) THE IN SPACE	ES REPORE USING ATT	ACHMENTS 2
President Name Robert J. Grady			Vice President Name Robert J. Grady		
Street Address 4100 Post Road #5			Street Address 4100 Post Road #5		
<sub>टाए</sub> Warwick	State RI	<sup>z</sup> ір 02886	City Warwick	State RI	02886 =
Secretary Name Steven M. King			Steven M. King		
Street Address 4494 Post Road			Street Address 4494 Post Road		
City East Greenwich	State RI	<i>Zip</i> 02818	City East Greenwich	State RI	73p 02818
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name William H. Grady Street Address			ACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name Robert J. Grady  Street Address		
1022 Deerfield Avenue			4100 Post Road #5		
City Tampa	State FL	<sup>Ζլը</sup> 33 <b>64</b> 7	City Warwick	State RI	<i>Σφ</i> 02886
Director Name Steven M. King			Director Name		
Street Address 4494 Post Road			Street Address		
East Greenwich	State RI	Ζφ 0 <b>2818</b>	City	State	Zφ
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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.			Number of Shares	Class/Series	Par Value
			2,106	Class A	No Par
			1,874	Class B	No Par
This report must be executed this report must be executed of	n behalf of the corpo		or trustee. Under penalty of perjur	ration is in the hands of a  y, I declare and affirm that I  ying schedules and stateme	have examined this report,
File Date  Check No.  By:  FOR SECRETARY OF STA	By_	08 11:0	Signature  Robert J. Grady  Print or Type Name  President	e and correol	10/18/11 Dans
			Tule		Form 630 Rev. 08/08