

AMENDED

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

Form 630 Rev. 08/08

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 stime prescribed by law (R.I.G.L. 7-1.2-1501(e\u00f3d)) is white the activation of \$25.00.

subject to a penalty fee of \$25.00).					
1. Corporate ID No. 18257	2. Name of Corp Rebuilders	2. Name of Corporation Rebuilders Automotive Supply Co., Inc.				
3. Street Address Principal Business Office 1650 Flat River Road			City Coventry	State RI	^{Ζφ} 02816	
4. Business Phone No. 5. State of Incorporation (401) 822-3030 Rhode Island						
6. Brief Description of the Chara	acter of Business Conduc	ted in Rbode Island				
7. NAMES AND ADDRES	SES OF THE OFFI	CERS: ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTA	
President Name Robert J. Grady			Vice President Name Robert J. Grady			
Stree! Address			Street Address			
4100 Post Road #5 Gity State Zip			4100 Post Road #5	State	Zip N	
Warwick	RI	^{Ζέρ} 02886	City Warwick	Ri	02886	
Secretary Name Steven M. King			Treasurer Name Steven M. King			
Street Address 4494 Post Road			Street Address 4494 Post Road			
City East Greenwich	State RI	^{Zip} 02818	City East Greenwich	State RI	2φ 45 Γτή 02818	
1 to	SES OF THE DIRE	CTORS: ("X" BOX FOR AT		N SPACES BEFORE USI	NG ATTACHMENTS	
Director Name William H. Grady			Director Name Robert J. Grady			
Street Address 1022 Deerfield Avenue			Street Address 4100 Post Road #5			
Cuy	State	Zip	Сиу	State	Zip	
Tampa	FL	33647	Warwick	RI	02886	
Director Name Steven M. King		•	Director Name			
Street Address 4494 Post Road		· · · · · · · · · · · · · · · · · · ·	Street Address			
City	State	Ζip	City	State	Zip	
East Greenwich	RI	02818	TA CYLAREC ICCITED	 ("X" BOX FOR ATTAC	CELEVATA [7]	
9. SHARES AUTHORIZE	D :			CTION MUST BE COMPLETE	· —	
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 Yalue	
			2,106	Class A	No Par	
			1,874	Class B	No Par	
This report must be exec	uted on behalf of th	ne corporation by an authoriz-	ed representative. If the	corporation is in the han	ds of a receiver or trustee,	
this report must be execu	ited on behalf of the	e corporation by the receiver	or trustee.			
		FILED			n that I have examined this report statements, and that all statements	
				are true and correct.	Ou introdu	
File Date		$_0$ $\boxed{1}$ $\boxed{2}$ $\boxed{4}$ $\boxed{2011}$	Kilw	the sund	(0/18/11	
Check No.		W 10/11/08	Signature Robert J. G	radv	O Duit	
		1	Print or Type Name			
By:			President			
FOR SECRETARY O	F STATE USE ONLY		Title			