



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 2012

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. 522596		2. Name of Corporation ROMANA MUFFLER REPAIR, INC			
3. Street Address Principal Business Office 11 LENOX AVE			City PROVIDENCE	State RI	Zip 02907
4. Business Phone No. (401) 781-0607		5. State of Incorporation R.I.			
6. Brief Description of the Character of Business Conducted in Rhode Island MUFFLER REPAIR and MINOR MECHANICAL REPAIR					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JACINTO POLANCO			Vice President Name N/A		
Street Address 1356 BROAD ST			Street Address N/A		
City PROVIDENCE	State RI	Zip 02905	City N/A	State	Zip
Secretary Name JACINTO POLANCO			Treasurer Name JACINTO POLANCO		
Street Address 1356 BRAD ST			Street Address 1356 BROAD ST		
City PROVIDENCE	State RI	Zip 02907	City PROVIDENCE	State RI	Zip 02907
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JACINTO POLANCO			Director Name		
Street Address 1356 BROAD ST			Street Address		
City PROVIDENCE	State RI	Zip 02907	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 1,000	Class/Series none	Par Value non par value

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 SECRETARY OF STATE
 CORPORATIONS DIV
 DEC 30 AM 10:02

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 DEC 30 2011

Check No. 159623

By: 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 _____ Date 12/29/11

JACINTO POLANCO

Print or Type Name

Gral. Manager Jacinto Polanco

Title