



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. 000036329		2. Name of Corporation LISE MOTORS, INC.			
3. Street Address Principal Business Office 45 FOUNDRY STREET			City WOONSOCKET	State RI	Zip 02895
4. Business Phone No. 401-766-7679		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island AUTO BODY REPAIR AND SALES OF USED AUTOS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RICHARD OUELLETTE			Vice President Name DAVID B. HEALEY		
Street Address 98 SAYLES HILL RD.			Street Address 515 BLACK PLAIN RD.		
City MANVILLE	State RI	Zip 02838	City NORTH SMITHFIELD	State RI	Zip 02896
Secretary Name RICHARD OUELLETTE			Treasurer Name DAVID B. HEALEY		
Street Address 98 SAYLES HILL RD.			Street Address 515 BLACK PLAIN RD.		
City MANVILLE	State RI	Zip 02838	City NORTH SMITHFIELD	State RI	Zip 02896
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RICHARD OUELLETTE			Director Name DAVID B. HEALEY		
Street Address 98 SAYLES HILL RD.			Street Address 515 BLACK PLAIN RD.		
City MANVILLE	State RI	Zip 02838	City NORTH SMITHFIELD	State RI	Zip 02896
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 200	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.

FILED

File Date: JAN 23 2012

Check No. [Handwritten]

By: [Handwritten Signature]

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: [Handwritten Signature] Date: 1-19-12

DAVID B. HEALEY

Print or Type Name

VICE PRESIDENT

Title