



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

1. Corporate ID No. 126581		2. Name of Corporation Restoration Fleet Services, Inc.			
3. Street Address Principal Business Office 40 Minnesota Avenue			City Warwick	State RI	Zip 02888
4. Business Phone No. 401-274-4444		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Equipment Lease & Rental					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jack Pomeranz			Vice President Name Jack Pomeranz		
Street Address 40 Minnesota Avenue			Street Address 40 Minnesota Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Jack Pomeranz			Treasurer Name Jack Pomeranz		
Street Address 40 Minnesota Avenue			Street Address 40 Minnesota Avenue		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jack Pomeranz			Director Name		
Street Address 40 Minnesota Avenue			Street Address		
City Warwick	State RI	Zip 02888	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"/>					
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 100	Class/Series Common	Par Value 0	
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: FEB 02 2012

Check No: KH1

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: Jack Pomeranz Date: 1-30-12

Print or Type Name: Jack Pomeranz

Title: President