



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

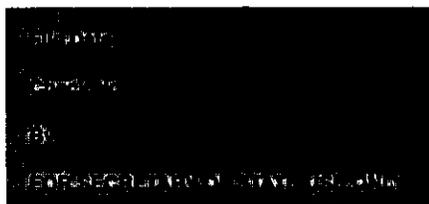
Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 4426		2. Exact name of the Corporation COLETTA'S DOWNTOWN AUTO SERVICE, INC.			
3. Principal office address 425 RICHMOND STREET			City PROVIDENCE	State RI	Zip 02903
4. Business Phone No. 421-3232			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island MOTOR VEHICLE REPAIRS AND TOWING					
President Name ANTHONY M. COLETTA			Vice-President Name MICHAEL P. COLETTA		
Street Address 164 MIDDLEBRIDGE ROAD			Street Address 23 LONGMEADOW ROAD		
City S.KINGSTOWN	State RI	Zip 02879	City LINCOLN	State RI	Zip 02865
Secretary Name MICHAEL P. COLETTA			Treasurer Name ANTHONY M. COLETTA		
Street Address see above			Street Address see above		
City	State	Zip	City	State	Zip
Director Name ANTHONY M. COLETTA			Director Name		
Street Address see above			Street Address		
City	State	Zip	City	State	Zip
Director Name MICHAEL P. COLETTA			Director Name		
Street Address see above			Street Address		
City	State	Zip	City	State	Zip
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
			300	COMMON	NO PAR VALUE

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 SECRETARY OF STATE
 CORPORATIONS DIV

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

FEB 07 2012

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.

Mark L. Zarlena 02/06/2012
 Signature of Authorized Representative Date

MARK L. ZARLENGA
 Print or Type Name of Authorized Representative

BY *JMD* 29-162754