



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.<br>83496                                                                                                                               |             | 2. Name of Corporation<br>Providence Street Garage, Inc. |                                                                     |                        |                     |
| 3. Street Address Principal Business Office<br>326 Providence Street                                                                                       |             |                                                          | City<br>West Warwick                                                | State<br>RI            | Zip<br>02893        |
| 4. Business Phone No.<br>(401) 821-4620                                                                                                                    |             | 5. State of Incorporation<br>Rhode Island                |                                                                     |                        |                     |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>operation, management and control of a motor vehicle repair facility        |             |                                                          |                                                                     |                        |                     |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |                                                          |                                                                     |                        |                     |
| President Name<br>James V. Petrarca                                                                                                                        |             |                                                          | Vice President Name<br>Sheryl A. Petrarca                           |                        |                     |
| Street Address<br>Three Blossom Lane                                                                                                                       |             |                                                          | Street Address<br>Three Blossom Lane                                |                        |                     |
| City<br>Scituate                                                                                                                                           | State<br>RI | Zip<br>02831                                             | City<br>Scituate                                                    | State<br>RI            | Zip<br>02831        |
| Secretary Name<br>Sheryl A. Petrarca                                                                                                                       |             |                                                          | Treasurer Name<br>James V. Petrarca                                 |                        |                     |
| Street Address<br>Three Blossom Lane                                                                                                                       |             |                                                          | Street Address<br>Three Blossom Lane                                |                        |                     |
| City<br>Scituate                                                                                                                                           | State<br>RI | Zip<br>02831                                             | City<br>Scituate                                                    | State<br>RI            | Zip<br>02831        |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                                          |                                                                     |                        |                     |
| Director Name<br>James V. Petrarca                                                                                                                         |             |                                                          | Director Name                                                       |                        |                     |
| Street Address<br>Three Blossom Lane                                                                                                                       |             |                                                          | Street Address                                                      |                        |                     |
| City<br>Scituate                                                                                                                                           | State<br>RI | Zip<br>02831                                             | 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 <b>MUST</b> BE COMPLETED               |                        |                     |
|                                                                                                                                                            |             |                                                          | Number of Shares<br>600                                             | Class/Series<br>Common | Par Value<br>No Par |
|                                                                                                                                                            |             |                                                          | THIS SECTION <b>MUST</b> 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 09 2012  
Check No.: 3224  
By: [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: [Signature] Date: 2/1/12  
James V. Petrarca  
Print or Type Name  
President  
Title