



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. 536907		2. Name of Corporation 44 Auto Concepts, Inc.		
3. Street Address Principal Business Office 181 Putnam Pike		City Johnston	State RI	Zip 02919
4. Business Phone No. 401-353-6222		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Auto Body				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Dorina L. D'Ambrosca		Vice President Name None		
Street Address 33 Stanley Mowry Road		Street Address		
City Foster	State RI	Zip 02825	City	State RI
Secretary Name Dorina L. D'Ambrosca		Treasurer Name Dorina L. D'Ambrosca		
Street Address 33 Stanley Mowry Road		Street Address 33 Stanley Mowry Road		
City Foster	State RI	Zip 02825	City Foster	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Dorina L. D'Ambrosca		Director Name None		
Street Address 33 Stanley Mowry Road		Street Address		
City Foster	State RI	Zip 02825	City	State RI
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
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	Class/Series	Par Value
		100	Common	No Par Value
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 10 2012
Check No. BY: [Signature] 1814
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] 2-8-12
Signature Date
Dorina L. D'Ambrosca
Print or Type Name
President
Title