



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 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

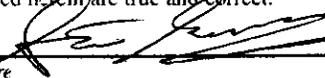
Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 59578		2. Name of Corporation GERSHKOFF ENTERPRISES, INC.		
3. Street Address Principal Business Office 1085 Cranston Street		City Cranston	State RI	Zip 02920
4. Business Phone No. 401-942-9700		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Auto repairs, sales and rentals.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Steven Gershkoff		Vice President Name None		
Street Address 1085 Cranston Street		Street Address		
City Cranston	State RI	Zip 02920	City	State RI
Secretary Name Steven Gershkoff		Treasurer Name Steven Gershkoff		
Street Address 1085 Cranston Street		Street Address 1085 Cranston Street		
City Cranston	State RI	Zip 02920	City Cranston	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Steven Gershkoff		Director Name None		
Street Address 1085 Cranston Street		Street Address		
City Cranston	State RI	Zip 02920	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"/>		
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 500	Class/Series Common	Par Value No Par Value

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.

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  Date

Steven Gershkoff

Print or Type Name

President

Title

FILED

File Date FEB 24 2012

Check No. By MNC

By: 14185

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