



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. 20094		2. Name of Corporation INTERNATIONAL AUTO REPAIR, INC.			
3. Street Address Principal Business Office 544 SMITHFIELD AVENUE			City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. 4017231440		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island repairing motor vehicles, sale of gasoline					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANTONIO CARLOS ANTUNES			Vice President Name CARMIN L. ANTUNES		
Street Address 13 BALSAM LANE			Street Address 13 BALSAM LANE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Secretary Name CARMIN L. ANTUNES			Treasurer Name ANTONIO CARLOS ANTUNES		
Street Address 13 BALSAM LANE			Street Address 13 BALSAM LANE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ANTONIO CARLOS ANTUNES			Director Name CARMIN L. ANTUNES		
Street Address 13 BALSAM LANE			Street Address 13 BALSAM LANE		
City SMITHFIELD	State RI	Zip 02917	City SMITHFIELD	State RI	Zip 02917
Director Name NONE			Director Name NONE		
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 MUST BE COMPLETED		
			Number of Shares 100	Class/Series COMMON	Par Value NO PAR VALUE
THIS SECTION MUST BE COMPLETED					

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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 27 2012

File Date	<b>BY</b>
Check No.	
By:	
FOR SECRETARY OF STATE USE ONLY	

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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.

*Antonio Carlos Antunes*  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
**ANTONIO CARLOS ANTUNES**  
Print or Type Name  
**PRESIDENT ANTONIO CARLOS ANTUNES**  
Title