



**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. <b>705493</b>		2. Exact name of the Corporation <b>Nick's Muffler Shop, Inc.</b>					
3. Principal office address <b>916 Charles Street</b>				City <b>North Providence</b>	State <b>R.I.</b>	Zip <b>02904</b>	
4. Business Phone No. <b>721-0914</b>				5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Auto Repair &amp; Service</b>							
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
President Name <b>Vismarch Polanco</b>				Vice-President Name			
Street Address <b>30 Rankin Ave.</b>				Street Address			
City <b>Providence</b>	State <b>R.I.</b>	Zip <b>02908</b>	City		State	Zip	
Secretary Name				Treasurer Name			
Street Address				Street Address			
City	State	Zip	City		State	Zip	
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>							
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City		State	Zip	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip	City		State	Zip	
<b>9. SHARES AUTHORIZED</b>				<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
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	
				1000	STK	0.01	

*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.*

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
 FEB 28 2012  
 By Heather  
 DS

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.

Vismarch Polanco      2/27/12  
 Signature of Authorized Representative      Date

**Vismarch R. Polanco**  
 Print or Type Name of Authorized Representative