



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
401.222.3046

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(cbd)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 64129		2. Name of Corporation NATIONAL AUTO SPECIALTY, INC.			
3. Street Address Principal Business Office 241 LINCOLN AVENUE			City WARWICK	State RI	Zip 02888
4. Business Phone No. 401-732-1216		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island REPAIRING, RENOVATING AND SERVICING ALL TYPES OF NEW AND USED AUTOMOBILES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ROBERT MARTIN			Vice President Name ROBERT MARTIN		
Street Address 26 URQUHART STREET			Street Address 26 URQUHART STREET		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name ROBERT MARTIN			Treasurer Name ROBERT MARTIN		
Street Address 26 URQUHART STREET			Street Address 26 URQUHART STREET		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ROBERT MARTIN			Director Name		
Street Address 26 URQUHART STREET			Street Address		
City WEST WARWICK	State RI	Zip 02893	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 MUST BE COMPLETED		
			Number of Shares 100	Class/Series COMMON	Par Value NO PAR
			THIS SECTION MUST BE COMPLETED		

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 CORPORATIONS DIV
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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.

File Date _____

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.

FEB 28 2012

BY 164922

[Signature] 2-14-12
Date

ROBERT MARTIN

Print or Type Name

PRESIDENT

Title