



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. 396613		2. Exact name of the Corporation LINO & EDGAR TRUCK REPAIR, INC.								
3. Principal office address 277 A SCITUATE AVE		City JOHNSTON	State R.I.	Zip 02919						
4. Business Phone No. 401-714-0991		5. State of Incorporation R.I.								
6. Brief description of the character of business conducted in Rhode Island TRUCK MAINTANENCE AND REPAIR										
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
President Name CAROLINE MENDEZ			Vice-President Name AUDELINO QUINONEZ							
Street Address 160 GLENBRIDGE AVE 2ND FL			Street Address 35 QUEEN ST							
City PROVIDENCE	State R.I.	Zip 02909	City CRANSTON	State R.I.	Zip 02920					
Secretary Name EDGAR MOTA			Treasurer Name							
Street Address 160 GLENBRIDGE AVE 2ND FL			Street Address							
City PROVIDENCE	State R.I.	Zip 02909	City	State	Zip					
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>										
Director Name CAROLINE MENDEZ			Director Name AUDELINO QUINONEZ							
Street Address 160 GLENBRIDGE AVE 2ND FL			Street Address 35 QUEEN ST							
City PROVIDENCE	State R.I.	Zip 02909	City CRANSTON	State R.I.	Zip 02909					
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.										
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
						100	STK	0.00		

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 By Heslop

FILED

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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.

Audelino Quinonez Figueroa 03-05-2012
 Signature of Authorized Representative Date

Audelino Quinonez Figueroa
 Print or Type Name of Authorized Representative