

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(e&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 40771	2. Name of Corpo	2. Name of Corporation Sterry Street Auto Sales, Inc.				
3. Street Address Principal Business Office 24 Rice Street			City Attleboro	Stale RI	^{Zip} 02703	
4. Business Phone No. 5. State of Incorporate 401-724-8180 Rhode Island			n			
6. Brief Description of the C Auto sales and towin	baracter of Business Conducting business	ed in Rhode Island			***************************************	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATT. President Name John Martins			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Olivia Martins			
Street Address 197 Woodbury Street			Street Address 108 Anthony Avenue			
City Pawtucket	State RI	<i>хір</i> 02861	city Pawtucket	State RI	^{Zip} 02860	
Secretary Name Olivia Martins			Treasurer Name John Martins			
Street Address 108 Anthony Avenue			Street Address 197 Woodbury Street			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	^{Zip} 02861	
Director Name John Martins	RESSES OF THE DIRE	CTORS: ("X" BOX FOR A	Director Name Olivia Martins	IN SPACES BEFORE USIN	G ATTACHMENTS	
Street Address 197 Woodbury Street			Street Address 108 Anthony Avenue			
City Pawtucket	State R1	^{Zip} 02861	City Pawtucket	State RI	^{Zip} 02860	
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) SSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			l l	Class/Series	Par Value	
			1,000	Common	No Par	
		e corporation by an authoric corporation by the receive		corporation is in the hand	ls of a receiver or trustee,	
	FILED R 0 7 2012		including any ac		that I have examined this repo atements, and that all statemen	
Check No. By	MMC	<u> </u>	Signovare John Marti		Date	
FOR SECRETARY OF STATE USE ONLY			Print or Type Nat President	me 	******	
L	or other ope office		Title			