



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. 145796		2. Name of Corporation Steve's Auto Care Inc		
3. Street Address Principal Business Office 155 Roger Williams Ave		City Rumford	State RI	Zip 02916
4. Business Phone No. 401-938-9494	5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Auto Repair				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Stephen Witherell		Vice President Name Stephen Witherell		
Street Address 32 Roger Williams Ave		Street Address 32 Roger Williams Ave		
City Rumford	State RI	Zip 02916	City Rumford	State RI
Secretary Name Stephen Witherell		Treasurer Name Stephen Witherell		
Street Address 32 Roger Williams Ave		Street Address 32 Roger Williams Ave		
City Rumford	State RI	Zip 02916	City Rumford	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Stephen Witherell		Director Name None		
Street Address 32 Roger Williams Ave		Street Address		
City Rumford	State RI	Zip 02916	City	State
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED None				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
Number of Shares None		Class/Series None		Par Value None
None		None		None

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 230

MAR 14 2012

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

BY 106230

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.

Signature Stephen Witherell Date 1/14/12
Print or Type Name Stephen Witherell
Title President