



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  
401-222-3600

**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(c), 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)(2)) is subject to a penalty fee of \$25.00.

1. Corporation No. <b>488333</b>		2. Name of Corporation American Muscle Car Restorations, Inc.			
3. Street Address (Principal Business Office) 65 Foliage Drive			City North Kingstown	State RI	Zip 02852
4. Business Phone No. 508-932-1349		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island AUTOMOTIVE RESTORATIONS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ( 'X' BOX FOR ATTACHMENT ) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Officer Name Michael L. Mancini			Title None		
Street Address 44 Fairlawn Ave.			Street Address		
City Oxford	State MA	Zip 01540	City	State	Zip
Officer Name Michael L. Mancini			Officer Name Michael L. Mancini		
Street Address 44 Fairlawn Ave.			Street Address 44 Fairlawn Ave.		
City Oxford	State MA	Zip 01540	City Oxford	State MA	Zip 01540
8. NAMES AND ADDRESSES OF THE DIRECTORS: ( 'X' BOX FOR ATTACHMENT ) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael L. Mancini			Director Name		
Street Address 44 Fairlawn Ave.			Street Address		
City Oxford	State MA	Zip 01540	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 1000	Class Series CWP	Par Value \$0.10

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**

File Date: **MAR 20 2012**  
 File No.: **3649**  
 TOP SECRETARY OF STATE USE ONLY

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.

*Michael L. Mancini* 3-15-12  
 Signature Date  
 Michael L. Mancini  
 Print or Type Name  
 President  
 Title