



**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** 2010

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. <b>485832</b>		2. Exact name of the Corporation <b>Auto Color Enterprises, Inc.</b>					
3. Principal office address <b>514 High St.</b>			City <b>Wakefield</b>	State <b>R.I.</b>	Zip <b>02879</b>		
4. Business Phone No. <b>792-4860</b>			5. State of Incorporation <b>Rhode Island</b>				
6. Brief description of the character of business conducted in Rhode Island <b>Retail &amp; wholesale selling of Auto Parts, Paint, Body parts</b>							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name <b>Wayne A. Boyd</b>			Vice-President Name <b>None</b>				
Street Address <b>153 Westwind Road</b>			Street Address				
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip		
Secretary Name <b>None</b>			Treasurer Name <b>None</b>				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
Director Name <b>None</b>			Director Name <b>None</b>				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
Director Name <b>None</b>			Director Name <b>None</b>				
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. <b>1,000.00</b>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
			<b>None</b>	<b>STK</b>	<b>.0100</b>		

RECEIVED STATE  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2012 MAR 26 AM 10:51

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 **FILED**  
 Check No **MAR 26 2012 10:52**  
 By **By twn598**  
**KMC**  
 FOR 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.  
**Wayne A. Boyd** **3-13-12**  
 Signature of Authorized Representative Date  
**Wayne A. Boyd**  
 Print or Type Name of Authorized Representative