



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 2013

**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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 116175		2. Name of Corporation DAVE'S IMPORTS INC.			
3. Street Address Principal Business Office c/o Joseph Raheb, Esq., 650 Washington Hwy.			City Lincoln	State RI	Zip 02865
4. Business Phone No. (401) 333-3377		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island Automotive Repair					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph W. Sylvestre			Vice President Name David H. Sylvestre		
Street Address 590 Central Street			Street Address 51 Day Road		
City Mapleville	State RI	Zip 02839	City Cumberland	State RI	Zip 02864
Secretary Name Joseph W. Sylvestre			Treasurer Name David H. Sylvestre		
Street Address 590 Central Street			Street Address 51 Day Road		
City Mapleville	State RI	Zip 02839	City Cumberland	State RI	Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph W. Sylvestre			Director Name David H. Sylvestre		
Street Address 590 Central Street			Street Address 51 Day Road		
City Mapleville	State RI	Zip 02839	City Cumberland	State RI	Zip 02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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	Class/Series	Par Value
			200	Common	No Par Value

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

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.

Signature

Joseph W. Sylvestre

Print or Type Name

President

Title

1/2/2013

Date