



**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 2013**

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>41787</b>		2. Exact name of the Corporation <b>East Coast Auto Repairs, Inc.</b>			
3. Principal office address <b>2207 Hartford Avenue</b>			City <b>Johnston</b>	State <b>R.I.</b>	Zip <b>02919</b>
4. Business Phone No. <b>401-232-1420</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Motor Vehicle Repairs</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name <b>John S. Reis Sr.</b>			Vice-President Name <b>John S. Reis Sr.</b>		
Street Address <b>12 John Street</b>			Street Address <b>12 John Street</b>		
City <b>Greenville</b>	State <b>R.I.</b>	Zip <b>02828</b>	City <b>Greenville</b>	State <b>R.I.</b>	Zip <b>02828</b>
Secretary Name <b>Carol Corriveau</b>			Treasurer Name <b>John S. Reis Sr</b>		
Street Address <b>497 Snake Hill Road</b>			Street Address <b>12 John Street</b>		
City <b>North Scituate</b>	State <b>R.I.</b>	Zip <b>02857</b>	City <b>Greenville</b>	State <b>R.I.</b>	Zip <b>02828</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name <b>John S Reis Sr</b>			Director Name		
Street Address <b>12 John Street</b>			Street Address		
City <b>Greenville</b>	State <b>R.I.</b>	Zip <b>02828</b>	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 checked="" 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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	Common	No Par Value

2013 JAN 5 PM 3:4  
 SECRETARY OF STATE  
 CORPORATIONS DIV

*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  
 FOR SECRETARY OF STATE USE ONLY

**FILED**

JAN 15 2013  
 187628

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.

*John S Reis Sr*      1-10-13  
 Signature of Authorized Representative      Date

**John S Reis Sr**  
 Print or Type Name of Authorized Representative