



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. 148044		2. Exact name of the Corporation ECONOMY SEDANS, INC.		
3. Principal office address 968 PLAINFIELD STREET		City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 401-944-6703		5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island PROVIDING AUTO TRANSPORTATION				

A. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name JOHN PETRARCA			Vice-President Name		
Street Address 128 FRIENDLY ROAD			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

B. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

Director Name JOHN PETRARCA			Director Name		
Street Address 128 FRIENDLY ROAD			Street Address		
City CRANSTON	State RI	Zip 02910	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)**

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
	300	COMMON	0.00

This report must be executed on behalf of the corporation by a **FILED** 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 _____
 Check No. _____
 By _____
FOR SECRETARY OF STATE USE ONLY

JAN 23 2013
 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.
 BY 1984
 Signature of Authorized Representative Date 1-22-13
JOHN PETRARCA - PRESIDENT
 Print or Type Name of Authorized Representative