



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. 86946		2. Exact name of the Corporation EAST REPAIR, INC.			
3. Principal office address EAST MAIN ROAD PO BOX 963		City LITTLE COMPTON		State RI	Zip 02837
4. Business Phone No. 401-635-4262		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island TO REPAIR VEHICLES					
OFFICERS AND DIRECTORS (NAME AND ADDRESS) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DONALD C MEDEIROS			Vice-President Name NONE		
Street Address EAST MAIN RD PO BOX 963			Street Address		
City LITTLE COMPTON	State RI	Zip 02878	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1000	CWP	1000.

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 2-6-13

Check No 11791

By ce

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.

Donald C Medeiros 11/26/13
Signature of Authorized Representative Date

DONALD C MEDEIROS

Print or Type Name of Authorized Representative