



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. 229021		2. Exact name of the Corporation Quad's Automotive Repair Corp.					
3. Principal office address 568A Mooresfield Road		City South Kingstown	State RI	Zip 02879			
4. Business Phone No. (401) 258-2361		5. State of Incorporation Rhode Island					
6. Brief description of the character of business conducted in Rhode Island General automotive repair							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>							
President Name Peter G. Laurie		Vice-President Name Michelle L. Laurie					
Street Address 568A Mooresfield Road		Street Address 568A Mooresfield Road					
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879		
Secretary Name Michelle L. Laurie		Treasurer Name Michelle L. Laurie					
Street Address 568A Mooresfield Road		Street Address 568A Mooresfield Road					
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879		
8. 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
					None	common	no par

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
FEB 06 2013

BY **18762**

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 of Authorized Representative

Date **1/2/13**

Peter G. Laurie, President

Print or Type Name of Authorized Representative