



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

ROFIT 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
w (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

Corporate ID No. 17048		2. Name of Corporation NORMAN'S, INC.		City West Greenwich	State RI	Zip 02817
Street Address Principal Business Office Brant Trail						
Business Phone No. 401-397-3000		5. State of Incorporation RHODE ISLAND				
Brief Description of the Character of Business Conducted in Rhode Island SALE OF USED AUTO AND TRUCK PARTS.						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name Norman E. Carpenter, Jr.				Vice President Name Norman E. Carpenter, Jr.		
Street Address Brant Trail				Street Address Brant Trail		
City W. Greenwich	State RI	Zip 02817	City W. Greenwich State RI Zip 02817			
Secretary Name Shelley Carpenter				Treasurer Name Norman E. Carpenter, Jr.		
Street Address Brant Trail				Street Address Brant Trail		
City W. Greenwich	State RI	Zip 02817	City W. Greenwich State RI Zip 02817			
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS						
Director Name Norman E. Carpenter, Jr.				Director Name		
Street Address Brant Trail				Street Address		
City W. Greenwich	State RI	Zip 02817	City W. Greenwich State RI Zip 02817			
Director Name				Director Name		
Street Address				Street Address		
City	State	Zip	City W. Greenwich State RI Zip 02817			
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS						
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS						
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
600 COMM NO PAR VALUE	common	no par value	-0-	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.



FILED

FEB 06 2013

20287

File Date	17048
Check No.	
By	
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.

Norman E. Carpenter, Jr. President 1-9-13
Signature Date
Norman E. Carpenter, Jr.
Print or Type Name Title
President