

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT 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 law (R.I.G.L. 7-1.2-1501(c&d)) is

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 90110	2. Name of Corporation Henri's Automotiv	ve Diagnostic Repair	, Inc.			
3. Street Address Principal Business Office 1068 Park Avenue			Woonsocket	State RI	^{Zip} 02895	
4. Business Phone No. 5. State of Incorporat RI		5. State of Incorporation RI				
6. Brief Description of the Character of Buy, Sell, repair and renoval						
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
President Name			Vice President Name			
Bruce Fernandes			Bruce Fernandes			
Street Address 65 Lake Shore Drive			Street Address 65 Lake Shore Drive			
City Pascoag	State RI	<i>ж</i> р 02859	_{Сиу} Pascoag	State RI	^{Zip} 02859	
Secretary Name Bruce Fernandes			Treasurer Name Bruce Fernandes			
Street Address 65 Lake Shore Drive			Street Address 65 Lake Shore Drive			
City Pascoag	State RI	<i>^{Zip}</i> 02859	City Pascoag	State RI	<i>2ip</i> 02859	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) FILL IN SPAC	ES BEFORE USING AT	TACHMENTS	
Director Name Bruce Fernandes			Director Name			
Street Address			Street Address			
65 Lake Shore Drive						
City	State	Zip	City	State	Zip	
Pascoag	RI	02859				
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED						
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	
			1,000	CWP	1.00	
			Medical cards (AMA)	gur de la companya d		
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	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date	2 1 2013	contained herein are true and compet. Signature Date
Check No. By:	2)29	Bruce Fernandes Print or Type Name
FOR SECRETARY OF STATE USE ONLY		President Title Form 630 Rev. 08/08