

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.

2. Name of Corporation Arnold Tires & Rims, 1, Inc. 152271 3. Street Addrass Principal Business Office State 382 Arnold Street Woonsocket RI 02895 1. Business Phone No. 5. State of Incorporation 401-769-6393 Rhode Island 6. Brief Description of the Character of Business Conducted in Rhode Island AUTOMOBILE REPAIR WORK, INCLUDING REPAIR AND SALES OF TIRES AND RIMS 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Pablo M. Chala Wanda Chala Street Address Street Address 89 Bourdon Blvd 89 Bourdon Blvd State State Woonsocket RΙ 02895 Woonsocket RI 02895 Secretary Name Treasurer Name Wanda Chala Pablo M. Chala Street Address 89 Bourdon Blvd 89 Bourdon Blvd City State Woonsocket RI 02895 02895 Woonsocket RI 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name n/a n/a Street Address Street Address City State Zip City State ZipDirector Name Director Name n/a Street Address Street Address City State Zip 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES — THIS SECTION MUST BE COMPLETED Number of Shares Class/Series Par Value Number of Shares Par Value ~8,000 - \$0.01 PAR VALUE 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. **FILED** Under penalty of perjury, I declare and affirm that I have examined this report, MAR 0 1 2013 including any accompanying schedules and statements, and that all statements contained herein are true and correct. File Date Signature Check No. Wanda Chala Print or Type Name Vice President FOR SECRETARY OF STATE USE ONLY Title