



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. 129466		2. Exact name of the Corporation D.C. Automotive, Inc.			
3. Principal office address 101 Comstock Parkway; Units 18 & 19			City Cranston	State RI	Zip 02921
4. Business Phone No. 401-270-7155			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To provide automobile repair services to the public, all activities related thereto and any lawful business.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Darren D. Cousins			Vice-President Name Darren D. Cousins		
Street Address 71 Read Street			Street Address 71 Read Street		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Secretary Name Darren D. Cousins			Treasurer Name Darren D. Cousins		
Street Address 71 Read Street			Street Address 71 Read Street		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name n/a			Director Name n/a		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name n/a			Director Name n/a		
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 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.

File Date _____
 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.

FILED

MAR 22 2013

Darren D. Cousins

01/15/2013

Signature of Authorized Representative

Date

Darren D. Cousins

Print or Type Name of Authorized Representative

BY

129466