



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

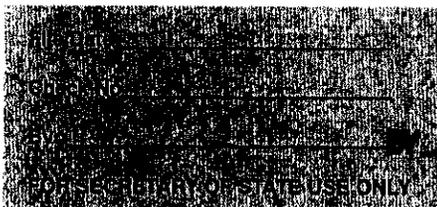
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

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. 54399		2. Exact name of the Corporation Class Act Motors, Inc.									
3. Principal office address 475 Elmwood Avenue			City Providence	State RI	Zip 02907						
4. Business Phone No. (401) 831-5000			5. State of Incorporation Rhode Island								
6. Brief description of the character of business conducted in Rhode Island Used car dealership.											
7. ADDITIONAL ES/PA ADDRESSES (SEE INSTRUCTIONS FOR ATTACHMENT) <input type="checkbox"/>											
President Name Bassil A. Elkhoury			Vice-President Name Bassil A. Elkhoury								
Street Address 475 Elmwood Avenue			Street Address 475 Elmwood Avenue								
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907						
Secretary Name Bassil A. Elkhoury			Treasurer Name Bassil A. Elkhoury								
Street Address 475 Elmwood Avenue			Street Address 475 Elmwood Avenue								
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907						
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input type="checkbox"/>											
Director Name Bassil A. Elkhoury			Director Name								
Street Address 475 Elmwood Avenue			Street Address								
City Providence	State RI	Zip 02907	City	State	Zip						
Director Name			Director Name								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. SHARES AUTHORIZED											
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.											
						10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE			
1,000	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.



FILED

APR 08 2013

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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.

Bassil A. Elkhoury
 Signature of Authorized Representative

4-2-13
 Date

Bassil A. Elkhoury
 Print or Type Name of Authorized Representative