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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	2. Exact name of the Corporation
SD33362	LAKEWOOD GARAGE INC.

3. Principal office address	City	State	Zip
610 WARWICK AVENUE	WARWICK	RI	02886

4. Business Phone No.	5. State of Incorporation
401-490-0845	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
AUTO REPAIR

7. LIST **ALL** OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name	Vice-President Name
KENNETH I. GANNON	KENNETH I. GANNON
Street Address: 610 WARWICK AVENUE	Street Address: 610 WARWICK AVENUE
City: WARWICK State: RI Zip: 02886	City: WARWICK State: RI Zip: 02886
Secretary Name: KENNETH I. GANNON	Treasurer Name: KENNETH I. GANNON
Street Address: 610 WARWICK AVENUE	Street Address: 610 WARWICK AVENUE
City: WARWICK State: RI Zip: 02886	City: WARWICK State: RI Zip: 02886

8. LIST **ALL** DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

Director Name	Director Name
KENNETH I. GANNON	
Street Address: 610 WARWICK AVENUE	Street Address:
City: WARWICK State: RI Zip: 02886	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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	COMMON	.01

This report must be executed on behalf of the corporation by an authorized representative of the corporation or in the name of a receiver or trustee.
(If 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

FILED

APR 23 2013

By MNC

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.

Kenneth I. Gannon 4/22/13
Signature of Authorized Representative — Date

Print or Type Name of Authorized Representative

91408-1-848138

CK # 1308