

## 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

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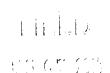
## 2014 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1 - March 1 · This report must be typed or printed legibly.

1. Entity ID No. <b>69065</b>	2. Exact na	2. Exact name of the Corporation  D&F MOTOR SPORTS SERVICE & REPAIR, INC.				
3. Principal office address 60 CADILLAC DRIVE			City PROVIDENCE	State RI	Zip <b>02907-2121</b>	
4. Business Phone No. 401-781-0720			5. State of Incorporation RHODE ISLAND			
		s conducted in Rhode Islan REPAIR SHOP IN RH				
President Name DUARTE DACOSTA			Vice-President Name JAMES J. REGAN			
Street Address 531 DWELLY STREET			Street Address 32 RUTH AVENUE			
City FALL RIVER	State MA	Zip <b>02724</b>	City RUMFORD	State RI	Zip <b>02916</b>	
Secretary Name DUARTE DACOSTA			Treasurer Name DUARTE DACOSTA			
Street Address 531 DWELLY STREET			Street Address 531 DWELLY STREET			
City FALL RIVER	State MA	Zip <b>02724</b>	City FALL RIVER	State MA	Zip <b>02724</b>	
Director Name DUARTE DACOSTA			Director Name JAMES J. REGAN			
Street Address 531 DWELLY STREET			Street Address 32 RUTH AVENUE			
City FALL RIVER	State MA	Zip <b>02724</b>	City State RI		Zip <b>02916</b>	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City State		Zip	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary f State. Changes require an additional filing. see Section 9 of instruction sheet.			2	COMMON	\$100 PAR VALUE	
This report must be execu		corporation by an authorize			s of a receiver or trustee,	



Form No. 630 Revised: 01/2012



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.

Signature of Authorized Representative

**DUARTE DACOSTA, PRESIDENT** 

Print or Type Name of Authorized Representative