RI SOS Filing Number: 201435474480 Date: 02/12/2014 4:00 PM

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 2014

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.	2. Exact name of the Corporation
22233	ROSSI MOTORS, INC.

3. Principal office address	City	State	Zip
5 Humbert Street	North Providence	RI	02911

4. Business Phone No.	5. State of Incorporation
(401) 231-9725	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
To carry on & conduct a general auto body repair and motor vehicle repair business

2014 FEB 12 AM 10:03
RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

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

President Name	Street Address	City	State	Zip
ROBERT ROSSI	5 Humbert Street	North Providence	RI	02911

Vice-President Name	Street Address	City	State	Zip
DONALD ROSSI	5 Humbert Street	North Providence	RI	02911

Secretary Name	Street Address	City	State	Zip
DONALD ROSSI	5 Humbert Street	North Providence	RI	02911

Treasurer Name	Street Address	City	State	Zip
ROBERT ROSSI	5 Humbert Street	North Providence	RI	02911

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

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

Director Name	Street Address	City	State	Zip
NONE				

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) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
600	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.

File Date _____ **FILED**
Check No _____
By: _____ FEB 12 2014
FOR SECRETARY OF STATE USE ONLY 49-217103
A.A.

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.

Robert Rossi 1-23-14
Signature of Authorized Representative Date

ROBERT ROSSI
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
102741-1-943028