

**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. 793732		2. Exact name of the Corporation CHARLES STREET MOTORS, INC.			
3. Principal office address 887 Charles Street		City North Providence	State RI	Zip 02904	
4. Business Phone No.		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island buying and selling used automobiles					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name RAYMOND LARSON			Vice-President Name RICHARD DIRUZZO		
Street Address 887 Charles Street			Street Address 887 Charles Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name RAYMOND LARSON / Ass't Sec. JOHN D. BIAFORE			Treasurer Name RICHARD DIRUZZO		
Street Address 887 Charles Street / 123 Dyer Street, Suite 3B			Street Address 887 Charles Street		
City No. Prov / Providence	State RI	Zip 02904 / 02903	City North Providence	State RI	Zip 02904
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name RAYMOND LARSON			Director Name RICHARD DIRUZZO		
Street Address 887 Charles Street			Street Address 887 Charles Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Director Name			Director Name		
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	Common	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

FILED**FEB 28 2014****218744**

2:03 pm

LM

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

RAYMOND LARSON, PRESIDENT

Print or Type Name of Authorized Representative

Date

2/28/14