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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 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
25818	UNITED STATES AUTO CLUB, MOTORING DIVISION, INC.

3. Principal office address	City	State	Zip
3410 MIDCOURT RD # 215	CARROLLTON	TX	75006

4. Business Phone No.	5. State of Incorporation
214-570-3012	INDIANA

6. Brief description of the character of business conducted in Rhode Island
PROVIDE AUTO CLUB SERVICES

President Name	Street Address	City	State	Zip
CRAIG HAMWAY	3410 MIDCOURT RD # 215	CARROLLTON	TX	75006

Vice-President Name	Street Address	City	State	Zip
STALEY CASH	3410 MIDCOURT RD # 215	CARROLLTON	TX	75006

Secretary Name	Street Address	City	State	Zip
MICHAEL BARTON	3410 MIDCOURT RD # 215	CARROLLTON	TX	75006

Treasurer Name	Street Address	City	State	Zip
MICHAEL BARTON	3410 MIDCOURT RD # 215	CARROLLTON	TX	75006

Director Name	Street Address	City	State	Zip
CRAIG HAMWAY	3410 MIDCOURT RD # 215	CARROLLTON	TX	75006

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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
250	COMMON	100

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
MAR 04 2014

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 — Date: 2/25/14

MICHAEL BARTON
Print or Type Name of Authorized Representative

2004763

Form No. 630
Revised: 01/2012
103586-14-953025