



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. 25818		2. Exact name of the Corporation UNITED STATES AUTO CLUB, MOTORING DIVISION, INC.			
3. Principal office address 3410 MIDCOURT RD # 215		City CARROLLTON	State TX	Zip 75006	
4. Business Phone No. 214-570-3012		5. State of Incorporation INDIANA			
6. Brief description of the character of business conducted in Rhode Island PROVIDE AUTO CLUB SERVICES					
PRESIDENT					
President Name CRAIG HAMWAY			Vice-President Name STALEY CASH		
Street Address 3410 MIDCOURT RD # 215			Street Address 3410 MIDCOURT RD # 215		
City CARROLLTON	State TX	Zip 75006	City CARROLLTON	State TX	Zip 75006
Secretary Name MICHAEL BARTON			Treasurer Name MICHAEL BARTON		
Street Address 3410 MIDCOURT RD # 215			Street Address 3410 MIDCOURT RD # 215		
City CARROLLTON	State TX	Zip 75006	City CARROLLTON	State TX	Zip 75006
DIRECTOR					
Director Name CRAIG HAMWAY			Director Name		
Street Address 3410 MIDCOURT RD # 215			Street Address		
City CARROLLTON	State TX	Zip 75006	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES					
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

MICHAEL BARTON

Print or Type Name of Authorized Representative