



**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. <b>400333</b>		2. Exact name of the Corporation <b>American Muscle Car Restorations, Inc.</b>		
3. Principal office address <b>65 Foliage Drive</b>		City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
4. Business Phone No. <b>508-932-1349</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Automotive Restorations</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
President Name <b>Michael L. Mancini</b>		Vice-President Name <b>None</b>		
Street Address <b>44 Fairlawn Ave.</b>		Street Address		
City <b>Oxford</b>	State <b>MA</b>	Zip <b>01540</b>	City	State Zip
Secretary Name <b>Michael L. Mancini</b>		Treasurer Name <b>Michael L. Mancini</b>		
Street Address <b>44 Fairlawn Ave.</b>		Street Address <b>44 Fairlawn Ave.</b>		
City <b>Oxford</b>	State <b>MA</b>	Zip <b>01540</b>	City <b>Oxford</b>	State <b>MA</b> Zip <b>01540</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				
Director Name <b>Michael L. Mancini</b>		Director Name		
Street Address <b>44 Fairlawn Ave.</b>		Street Address		
City <b>Oxford</b>	State <b>MA</b>	Zip <b>01540</b>	City	State Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State Zip
<b>9. SHARES AUTHORIZED</b>				
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	CWP	\$0.10
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>				

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**  
**MAR 18 2014**  
**5204**

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.

*Michael L. Mancini*  
 Signature of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

**Michael L. Mancini**  
 Print or Type Name of Authorized Representative