



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 **2013**

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. 746382		2. Exact name of the Corporation JG AUTO & PERFORMANCE INC			
3. Principal office address 9 WEST STREET		City ASHAWAY		State RI	Zip 02804
4. Business Phone No. 401 742-4387		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island AUTO REPAIR & MAINTENANCE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOHN GRILLO			Vice-President Name JOSEPH GRILLO		
Street Address 9 WEST STREET			Street Address 9 WEST STREET		
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
Secretary Name VICTORIA GRILLO			Treasurer Name LEAH GRILLO		
Street Address 9 WEST STREET			Street Address 9 WEST STREET		
City ASHAWAY	State RI	Zip 02804	City ASHAWAY	State RI	Zip 02804
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			2000	COMMON	1.00

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SECRETARY OF STATE
CORPORATIONS DIV
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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
APR 02 2014
By **49-221494**
A.A. 11:04 AM
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 **JOHN GRILLO**
Date **02/28/2014**
Print or Type Name of Authorized Representative