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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
000125418	NORTH SMITHFIELD AUTOMOTIVE CENTER, INC.

3. Principal office address	City	State	Zip
106 GREENVILLE ROAD	NORTH SMITHFIELD	RI	02896

4. Business Phone No.	5. State of Incorporation
401-769-2525	RI

6. Brief description of the character of business conducted in Rhode Island
TO PROVIDE AUTOMOBILE REPAIR SERVICES

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
MICHAEL H MCALISTER	23 LAKE STREET	BELLINGHAM	MA	02019

Vice-President Name	Street Address	City	State	Zip
MICHAEL H MCALISTER	23 LAKE STREET	BELLINGHAM	MA	02019

Secretary Name	Street Address	City	State	Zip
MICHAEL H MCALISTER	23 LAKE STREET	BELLINGHAM	MA	02019

Treasurer Name	Street Address	City	State	Zip
MICHAEL H MCALISTER	23 LAKE STREET	BELLINGHAM	MA	02019

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

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9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	COMMON	NO PAR

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.

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.

07/30/2014
Signature of Authorized Representative — Date

JONATHAN UCRAN CPA
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
AUG 01 2014
BY KL 209631
10:30

Form No. 630
Revised: 01/2012

109798-2-960318