

1 Corporate ID No. 47414

4 Business Phone No

446 Dyer Avenue

3 Street Address Principal Business Office

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

02920

401.222 3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

5 State of Incorporation **RHODE ISLAND** 

2 Name of Corporation Ultra Motor Car, Inc.

2015

RI

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK \* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

Сиу Cranston

6 Brief Description of the Autobody Repair	e Character of Business Conduc	ted in Rhode Island		,	
	DRESSES OF THE OFFIC	CERS: ("X" BOX FOR A	ATTACHMENT) [ FILL IN	SPACES BEFORE USING	ATTACHMENTS
Robert Legault Street Address 220 Bracken Street			Vice President Name Robert Legault		
			Street Address Same		
Secretary Name Robert Legault			Treasurer Name Robert Legault		
Street Address Same			Street Address Same		
Cit <sub>i</sub>	State	Zip	City	State	Zip
8. NAMES AND AD Director Name Robert Legault	DRESSES OF THE DIREC	CTORS: ("X" BOX FOR	ATTACHMENT)  FILL I	N SPACES BEFORE USIN	G ATTACHMENTS
Street Address			Street Address		
Same					- 4
City	State	$Z\psi$	City	State	Zip
Director Name	J		Director Name		
Street Address			Street Address		
Сііу	State	Zip	City	State	Zip
9. SHARES AUTHO: AUTHORIZED SHARES	 RIZED ("X" BOX FOR A	TTACHMENT)		 D <i>("X" BOX FOR ATTACI</i> ECTION <u>MUST</u> BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	Common	NPV	100	Common	NPV
This report must be	executed on behalf of the	c corporation by an auth	orized representative. If the	corporation is in the hand	s of a receiver or trustee,
	executed on behalf of the				
		FILLD	Linder penulty of	parium I dealars and offices	that I have examined this repos
		JAN 1 6 201	including any acc	perjury, I dectare and arrithm companying schedules and sta are true and confect.	that I have examined this report atements, and that all statemen
File Date		1163	- Signature		
Check No.			Robert Lega	nult	
By:			Print or Type Name		
By:			Print or Type Nam	re .	
By:	ARY OF STATE USE ONLY		Print or Type Nam President		