

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 2015

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 IE AUTOMOTIV	E INC		
128367	TAMBON	AL ACTOMOTIV	L, 1110.		
3. Principal office address 442 Providence Street			City West Warwick	State RI	Zip 02893
4. Business Phone No. 401/821-2336			5. State of Incorporation RHODE ISLAND		
6. Brief description of the chara Repair & recondition a automotive & mechani	autos, automot	onducted in Rhode Island tive & mechanical	products & other p	personal property, b	uy, sell & deal in
7. List <u>all</u> officers (nan	JES AND ADDRES	SES) ("X" BOX FOR A	T		
President Name Michael Rambone			Vice-President Name		SE(CC 2015
Street Address 442 Providence Street			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip 28 A72
Secretary Name Michael Rambone			Treasurer Name Michael Rambone		SHO SHO
Street Address 442 Providence Street			Street Address 442 Providence Street		STAT DIV 2: 2:
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	02893
8, LIST <u>all</u> directors (Na	MÉS AND ADDRE	ESSES) ("X" BOX FOR			
Director Name Michael Rambone			Director Name		
Street Address 442 Providence Street			Street Address		
City West Warwick	State RI	Zip 02893	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 ATTACH	AENT)
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
			1,000	Common Stock	No Par Value
This report must be executed to	on behalf of the co		•	•	of a receiver or trustee,
	this report must b	be executed on behalf of		<i>eceiver or trustee.</i> erju ry, I declare and af firn	that I have examined
File Date			this report, including	ng any accompanying scl ents contained herein are	nedyles and statements
Check No	F	II FD		11/h	2/15/10
Ву:		t ten for to	Signature of Author	ized Representative	Date
FOR SECRETARY OF STATE USE ONLFEB 2 6 2015			MICHAEL RAMBONE, President		
form No. 630			Print or Type Name	of Authorized Representat	ve
Revised: 01/2012	BY and	#325b			