



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

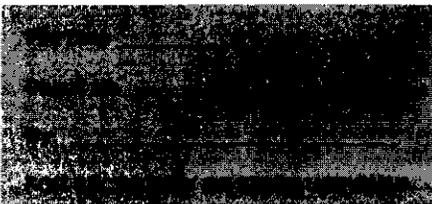
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. 100805		2. Exact name of the Corporation BUTLER AUTOMOTIVE, INC.					
3. Principal office address 149 Cadorna Street				City East Providence		State RI	Zip 02914
4. Business Phone No. 401-435-4000				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island The repair and maintenance of automobiles and trucks and any other lawful business.							
President Name Janet Butler				Vice-President Name Janet Butler			
Street Address same as above				Street Address same as above			
City		State	Zip	City		State	Zip
Secretary Name Janet Butler				Treasurer Name Janet Butler			
Street Address same as above				Street Address same as above			
City		State	Zip	City		State	Zip
Director Name Janet Butler				Director Name			
Street Address same as above				Street Address			
City		State	Zip	City		State	Zip
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
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	
				100	Common	No Par Value	

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.



FILED

MAR 11 2015

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.

Janet Butler 3/16/15
 Signature of Authorized Representative Date

Janet Butler, President

Print or Type Name of Authorized Representative

BY [Signature]
 29-244314