



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. 7950		2. Exact name of the Corporation MARTIN & SON AUTO SALVAGE, INC.			
3. Principal office address Westerly-Bradford Road			City Westerly	State RI	Zip 02891
4. Business Phone No. (401) 596-7768			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Auto salvage, retail and wholesale of used cars and all things incidental thereto					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert E. Martin, Jr.			Vice-President Name Barbara L. Martin		
Street Address 16 Anglewood Avenue			Street Address 16 Anglewood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Barbara L. Martin			Treasurer Name Barbara L. Martin		
Street Address 16 Anglewood Avenue			Street Address 16 Anglewood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert E. Martin, Jr.			Director Name Barbara L. Martin		
Street Address 16 Anglewood Avenue			Street Address 16 Anglewood Avenue		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Director Name None			Director Name None		
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
			300	COMM	NPV

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

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.

Barbara L. Martin 3/9/15
 Signature of Authorized Representative Date

BARBARA L. MARTIN - V-P
 Print or Type Name of Authorized Representative

FILED

MAR 13 2015

BY 40819