



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. 488373		2. Exact name of the Corporation American Muscle Car Restorations, Inc.			
3. Principal office address 65 Foliage Drive			City North Kingstown	State RI	Zip 02852
4. Business Phone No. 508-932-1349			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Automotive Restorations					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Michael L. Mancini			Vice-President Name None		
Street Address 44 Fairlawn Ave.			Street Address		
City Oxford	State MA	Zip 01540	City	State	Zip
Secretary Name Michael L. Mancini			Treasurer Name Michael L. Mancini		
Street Address 44 Fairlawn Ave.			Street Address 44 Fairlawn Ave.		
City Oxford	State MA	Zip 01540	City Oxford	State MA	Zip 01540
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael L. Mancini			Director Name		
Street Address 44 Fairlawn Ave.			Street Address		
City Oxford	State MA	Zip 01540	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 ATTACHMENT) <input checked="" 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
			1000	CWP	\$0.10

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.

Michael L. Mancini 3-14-15
 Signature of Authorized Representative _____ Date

Michael L. Mancini
 Print or Type Name of Authorized Representative

FILED

MAR 18 2015

BY 106171