

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 2016

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

1. Entity ID No.		2. Exact name of the Corporation				
70985	REO B	REO BROS. GARAGE, INC.				
3. Principal office address 921 MOUNT PLEASANT ROAD			City HARRISVILLE	State RI	Zip 02830	
4. Business Phone No. 401-769-9743			5. State of Incorporation RHODE ISLAND			
6. Brief description of the c	haracter of busines	ss conducted in Rhode Islan	id		,	
AUTOMOTIVE REP	AIRS					
	NAMES AND ADD	RESSES) ("X" BOX FOR A				
President Name JOHN W. PENHALLOW			Vice-President Name NONE			
Street Address 921 MOUNT PLEAS	ANT ROAD		Street Address			
City HARRISVILLE	State RI	Ζiρ 02830	City	State	Zip	
Secretary Name MICHELE PENHALLOW			Treasurer Name NONE			
Street Address 921 MOUNT PLEASANT ROAD			Street Address			
City HARRISVILLE	State RI	Zip 02830	City	State	Zip	
LUST ALL DIRECTORS	(NAMES AND ADI	DRESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name NONE			Director Name NONE		SE SE	
Street Address			Street Address		A PEL	
City	State	Zip	City	State	ARAN A	
Director Name NONE			Director Name NONE			
Street Address			Street Address Street Address			
Dity	State	Zip	City	State	26 0 m	
. SHARES AUTHORIZED			10. SHARES ISSUE	O ("X" BOX FOR ATTAC	MENT)	
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.			101	COMMON	NO PAR VALUE	
This report must be execute	ed on behalf of the	corporation by an authorize st be executed on behalf of	nd representative. If the	corporation is in the hand	s of a receiver or trustee,	
File Date	* 1	Should on bondi O	Under penalty of p this report, includi	erjury, I declare and affi ng any accompanying s	chedules and statements	
Check NoFILED			and that all statements contained herein are true and correct.			
Ву:	· · · · · · · · · · · · · · · · · · ·		Signature of Author	ized Representative	Date	
FOR SECRETARY OF STA	ATE USE ONLY	FEB 2 9 2016	Print or Type Name	of Authorized Representa	ative	
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