

## State of Rhode Island and Providence Plantations Department of State - Business Services Division

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

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| Profit Corporation Annual Report for the year: | 2014        |
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| Filing period: January 1 March 1               | <del></del> |

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| स्थानिक शामिल कार्मिक विकास  |  | City                   | Sale                          | <b>2</b> i:                             |  |
| 5601 POST ROAD   |  | EAST GREEN             | 11CH RI                       | 02818                                   |  |
| L Business Phone Number  |  | Sejecinengonomi        | 9 <b>4</b> .                  |   |  |
| 401-398-8222   |  | RI                     |                               |   |  |
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| GENERAL AUTOMOTIVA   | E REPAIR LMAINTEI  | VANGE INCLUDING        | PURCHASE + SALE               | of REAL PROPER                          |  |
| List Ald cificats drames and address   | ses)   | One One                | ekthe box to indicate.        | an alternoon LI                         |  |
| President Name   |  | Vice-President Name    |                               |   |  |
| LEONARD LAFLEU   | ୧  | SANDRA                 | LAFLEUR                       |   |  |
| Street Address   | ar and h   | Street Address         | Land 1/Allenia                | PAAA                                    |  |
| 264 SHADY VALLE  | zy record  | 264 Sr                 | HOY VALLEY                    | Zin                                     |  |
| COVENTRY State   | - Zip 02816  | City COVENTRY          | RI                            | 02816                                   |  |
| Secretary Name   |  | Treasurer Name         |                               | <u> </u>                                |  |
| SANDRA LAFLEU  | 1R   | LEONARS LAFLEUR        |                               |   |  |
| Stroot Addrage   |  | Street Address         | ANY VALLEY 6                  | 20AD                                    |  |
| 264 SHADY VALL City COVENTRY State R:  | Zip  | City                   | TOY VALLEY &                  | Zip - P.                                |  |
| LOVENTRY R:  | I 02816  | COVENTRY               | KI                            | 02816                                   |  |
| <u>Listalii diredots (temes and addir</u>  | esses)   | Director Name          | ekilnelioxioindlede           | antatiaenmentia.                        |  |
| Director Name  | 10   | 1 =                    | LAFLEUR                       |   |  |
| LEONARD LAFLEU  Street Address   |  | 01 1 1 1 1             |                               |   |  |
| 264 SHADY VAL  | LEY ROAD   | 264 SH                 | ADY VALLEY                    | ROAD                                    |  |
| 264 SHADY VAL  | T Zip 02816  | City COVENTRY          | ADY VALLEY State RT           | Zip 028/6                               |  |
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| This information is currently of record i  | n the Department of State.   | 1000                   | Comman                        | NP                                      |  |
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| raealyar or hysics, this repositioned be   | executed on behalf of the co   | rporation;bythe;receiv | erorusiee                     | เกาะเปลากับประชาสา                      |  |
| સફકાલ જ જાનામાં જાણ કરવા જાના છે.<br>જો લેવા નુવાની જુ લેવા જો છે. જે હોંદ જો કરો<br>જો હોંદ જો જો હોંદ હતી એ હોંદ જો હોંદ | andiamirmithat ishaye:exami  | nea:mis:reponition     | unicheliti), er ermihentiy    |   |  |
| Name of Authorized Representative  | AACTUMEANIOLEMAN ANTHONY   |                        | Date                          | 1 1                                     |  |
| ROBERT N CHA   | MBERLAND   |                        | 5                             | 126/16                                  |  |
| Signature of Authorized Representative   | /e   |                        | 1                             | -                                       |  |
| Robert M Chamb   | / / SIGN DOCU  | MENT HERE              |                               |   |  |
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