



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 **2017**

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. 47414		2. Exact name of the Corporation ULTRA MOTOR CAR, INC.								
3. Principal office address 446 DYER AVENUE			City CRANSTON	State RI	Zip 02920					
4. Business Phone No. 401-946-2900			5. State of Incorporation RHODE ISLAND							
6. Brief description of the character of business conducted in Rhode Island AUTO BODY REPAIR										
OFFICERS (NAME AND ADDRESS) (SEE BOX FOR ATTACHMENT)										
President Name ROBERT LEGAULT			Vice-President Name ROBERT LEGAULT							
Street Address 220 BRACKEN STREET			Street Address SAME							
City CRANSTON	State RI	Zip 02920	City	State	Zip					
Secretary Name ROBERT LEGAULT			Treasurer Name ROBERT LEGAULT							
Street Address SAME			Street Address SAME							
City	State	Zip	City	State	Zip					
DIRECTORS (NAME AND ADDRESS) (SEE BOX FOR ATTACHMENT)										
Director Name ROBERT LEGAULT			Director Name							
Street Address SAME			Street Address							
City	State	Zip	City	State	Zip					
Director Name			Director Name							
Street Address			Street Address							
City	State	Zip	City	State	Zip					
SHARES AUTHORIZED			SHARES ISSUED (SEE BOX FOR ATTACHMENT)							
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	NPV		
			100	COMMON	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.

FILED
 Signature of Authorized Representative
ROBERT LEGAULT
 Date
FILED 1-17

Print or Type Name of Authorized Representative
ROBERT LEGAULT
JAN 23 2017

Form No. 630
 Revised: 01/20

BY _____
 BY _____
 BY 13572