



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 INSTRUCTIONS 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 INSTRUCTIONS 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					
TO SHARES ISSUED (SEE INSTRUCTIONS 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

Form No. 630
Revised: 01/20

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.

Signature of Authorized Representative

Date

ROBERT LEGAULT

Print or Type Name of Authorized Representative

FILED 17

JAN 23 2017

BY _____

BY _____

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