



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1330  
401.222.3030

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 139059		2. Name of Corporation Valley Motors, Inc.		
3. Street Address Principal Business Office 198 Broad Street, P.O. Box 145		City Cumberland	State RI	Zip 02864
4. Business Phone No. (401) 723-7065		5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island THE RETAIL SALE AND SERVICE OF AUTOMOBILES				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Valentino Almeida		Vice President Name Philip Almeida		
Street Address 198 Broad Street, P.O. Box 145		Street Address 105 Stella Drive		
City Cumberland	State RI	Zip 02864	City North Providence	State RI
Secretary Name Philip Almeida		Treasurer Name Valentino Almeida		
Street Address 105 Stella Drive		Street Address 198 Broad Street, P.O. Box 145		
City north Providence	State RI	Zip 02911	City Cumberland	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Valentino Almeida		Director Name Philip Almeida		
Street Address same		Street Address same		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
100 NO PAR VALUE			100	common
				no par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	3/17/05
Check No.	M00060577
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.

Signature of Officer  
Philip Almeida  
Print or Type Name of Officer  
Vice President  
Title of Officer  
3-11-05  
Date