Form 5500-SF	Short Form Annual		of Small Employ	yee		OMB Nos. 1210-0110 1210-0089		
Department of the Treasury Internal Revenue Service	nternel Revenue Service					2012		
Department of Labor This form is required to be filed under sections 104 and 4065 of the Employee Employee Benefits Security Administration This form is required to be filed under sections 104 and 4065 of the Employee					B(a) of This Form is Open to Public			
Pension Benefit Guaranty Corporation	Complete all entries in acco	ordance with the instru	uctions to the Form 550	0-SF.	Ins	spection		
	dentification Information							
For calendar plan year 2012 or fisc		_		2/31/				
A This return/report is for:	X a single-employer plan		plan (not multiemployer)		a one-partici	pant plan		
B This return/report is:	the first return/report	the final return/report						
an amended return/report a short plan year return/report (less than 12 r								
C Check box if filing under:	X Form 5558	automatic extension			DFVC progra	am		
	special extension (enter descrip	,						
-	mation—enter all requested infor	mation		46				
1a Name of plan R.L. AUTO GROUP, INC. 401(K) PL	AN			D	Three-digit plan number	001		
				1c	(PN) Effective date c			
						/2006		
2a Plan sponsor's name and addr R.L. AUTO GROUP, INC.	ess; include room or suite number	(employer, if for a single	e-employer plan)	2b	Employer Identi (EIN) 20-10	fication Number		
P.O. BOX 5619				2c	Sponsor's telep 401-79			
WAKEFIELD, RI 02880				2d	Business code 4411	(see instructions) 10		
3a Plan administrator's name and address Same as Plan Sponsor Name Same as Plan Sponsor Address				3b	Administrator's EIN 31-1255362			
NADART	MCLEAN, V				800-46	telephone number 2-3278		
name, EIN, and the plan num	blan sponsor has changed since the ber from the last return/report.	e last return/report filed	for this plan, enter the		EIN			
a Sponsor's name	t the beginning of the plan year			-	PN			
5a Total number of participants a				5a		19		
 D Total number of participants at the end of the plan year C Number of participants with account balances as of the end of the plan year (defined benefit plans do not 				5b		18		
				5c		0		
6a Were all of the plan's assets of	during the plan year invested in elig	ible assets? (See instru	ctions.)			X Yes 🗌 No		
	he annual examination and report of (See instructions on waiver eligibilit)					X Yes 🗌 No		
	ner line 6a or line 6b, the plan car	-						
Caution: A penalty for the late or								
Under penalties of perjury and other SB or Schedule MB completed and belief, it is true, correct, and completed	er penalties set forth in the instruction I signed by an enrolled actuary, as	ons, I declare that I have	e examined this return/rep	oort, ii	ncluding, if applic	,		
	alid electronic signature.	10/10/2013	ALAN B. SVEDLOW					
HERE Signature of plan add	ministrator	Date	Enter name of individ	ual si	gning as plan adı	ministrator		
SIGN								
HERE Signature of employe	er/plan sponsor	Date	Enter name of individ	ual sig	gning as employe	er or plan sponsor		
Preparer's name (including firm na	me, if applicable) and address; incl	ude room or suite numb	er (optional)	Prep	parer's telephone	number (optional)		
For Paperwork Reduction Act Notice	and OMP Control Numbers ass the i	nstructions for Form FEO) SE			Form 5500-SF (2012)		

a Total plan assets 7a 3163 b Total plan labilities 7b 0 c Not plan assets (author the 7b rom lon 7a) 7c 3163 8 income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 8a(1) 0 (c) Total 3) Others (including rollovers) 8a(2) 0 (c) Total (c) Participants 8a(2) 0 (c) Total (c) Detries (including rollovers) 8a(3) 0 (c) Total (c) Detries (including rollovers) 8a(3) 0 (c) Total (c) Detries (income (task) 8a(3), and 8b) 8c 0 (c) Total (c) Detries (income (task) 8a(3), and 8b) 8c 0 (c) Total (c) Total (c) Detries (income (task) (inces 8a(1), 8a(2), 8a(3), and 8b) 8c 0 0 (c) Total (c) Total (c) Detries (income (task) 6a(1) 0 0 (c) Total (c) Total (c) Total (c) Detries (including rollowers) 8d 3529 (c) Total (c) Total (c) Total (c) Total (c) Total <td< th=""><th>Pa 7</th><th>Dian Apparts and Liphilitics</th><th></th><th></th><th></th><th></th><th></th><th></th></td<>	Pa 7	Dian Apparts and Liphilitics							
b Total plan labilities To 0 C Net plan assets (subtract line 75 from line 7a)	7 Plan Assets and Liabilities		_			_	(b) End of Year		
c Net plan assets (subtract line 7b from line 7a)	· · · · ·						0		
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С	Enter	the amount contributed by the employer to the plan for this plan year	12c				
d							
е		he minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A		
Part	Part VII Plan Terminations and Transfers of Assets						
13a	Has a	a resolution to terminate the plan been adopted in any plan year?	, ,	Yes X No			
	lf "Ye	es," enter the amount of any plan assets that reverted to the employer this year	13a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						
C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)							
1	3c(1)	Name of plan(s): 1	3c(2) E	IN(s)	13c(3) PN(s)		
Part	VIII	Trust Information (optional)					

14a Name of trust	14b Trust's EIN