

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401,222,3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR____

2007

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

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1. ID No.	2. Exact name of the limited liability company						
142560 3. State of Formation RHODE ISLAND	4. Brief description of the character of the business which is actually conducted in Rhode Island TO PURCHASE, OWN, LEASE, SELL, SERVICE AND REPAIR USED AUTOMOBILES AND TRUCKS						
5. Principal office address 21 CALEF ST 6: MAHLING ADDRESS OF LIMITED LIABILITY COMPANY AND N. Contact Name Print S. DePetrillo, Jr.			City CRANSTCA OR TITLE OF CONTACT Contact Title Member	State RI	21p C)2420		
Street Address 21 Calef Street			City Cranston	State RI	2ip ()2920		
7. NAME AND ADDI	RESS OF EACH MANAGE FILL IN S	GER OF THE LIMIT PACES BEFORE US	UD EIRSHANG COMPANY, IF A UNING ATTACHY SAFAT A COMPANY	POR ATTACHMENT)	IST MEMBERS		
Street Address			Street Address	Stroet Address			
City	State	Zíp	City	State	Zψ		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Ζip	City	State	Zip		
8. RESIDENT AGENT IN RHODE ISLAND DO NOT ALTER - Changes Agent Name GREGORY P. RAMEAKA, ESQ.			Address				
Address 873 WARWICK AVENUE			City WARWICK	Zip 028	88-		

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

File Date	75 X	ILE	D	
Check No	NO	V 16	2007	
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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 Person

Date

Primo S. DePetrillo, Jr.

Print or Type Name of Authorized Person