Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

401-222-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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FORM MUST BE TYPED OR PRINT					
Corporate ID No. 53957	2. Name of Corporation NORTHEAST T				
Street Address Principal Business	Office		City	State	Zip
53957 Street Address Principal Business The UARAGA Business Phone No.	NSETT PA	RIC DRIVE	EAST PAO	URI	02916
. Business Phone No.		5. State of Incorporation			6. SIC Code
401- 43 Brief Description of the Character	1-9800 of Business Conducted in RI	RHODE ISLAND			2618
. Brief Description of the chandle	PCAIR	TIRE SI	4 Les		
B. NAMES AND ADDRES	SES OF THE OFFICE	RS ("X" BOX FOR ATTACH	IMENT) FILL IN SPACES	BEFORE USING ATTAC	HMENTS
resident Name	C 1		Vice President Name	ية جفيلة	444-00
	S, L_1		Street Address	HARD M.	MAZZR
BARRINGTON	RRY LAN	e	3 F T	OP FLITE	- DAINE
City	State	Zip	City	OP FLITE J MA	Zip
BARRINGTON	RI	02006	NORTON	\mathcal{I} $\mathcal{M}\mathcal{A}$	02766
Secretary Name			Treasurer Name		
Street Address	. .	10	Street Address		4.5
1 S.A	me As	A Bove)	(SAME AS	ABOWE)
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SES OF THE DIRECT	TORS ("Y" ROY FOR ATTA	CHMENT) FILL IN SPAC	ES BEFORE USING ATTA	ACHMENTS
Director Name			Director Name		
KENNETI	4 S, L1	DMAN	RICH	ARD M.	MAZRQ
Street Address	۸		Street Address		
City / S F	A M(€)	Zip	City	ARD M. SAME	Zip
,				· · · · · · · · · · · · · · · · · · ·	
Director Name			Director Name		
Street Address			Street Address		
SPEEL AUUTESS					
City	State	Zip	City	State	Zip
	~ /		11 CHARTE ISSUED	(NUMBER OF ATTACAN COME	r)
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 \$.10 PAR VALUE			C A ALA	Carrer	1.1 1
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

* 5 3 9 5 7 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date:	that all statements contained herein are true and correct.
Check No.: 46875	Agnature of Officer Date
ву:	Print or Type Name of Officer Processident
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 630 12/02