



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 02903-1335
401.222.3040

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. 133336		2. Name of Corporation Nissan of East Providence, Inc.			
3. Street Address Principal Business Office 845 Taunton Ave		City EAST Providence	State RI	Zip 02914	
4. Business Phone No. 401-432-2000		5. State of Incorporation RHODE ISLAND		6. SIC Code 3319	
7. Brief Description of the Character of Business Conducted in Rhode Island SALE, LEASE AND SERVICING OF NEW AND USED MOTOR VEHICLES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert Zammito, SR.			Vice President Name Robert Zammito, SR.		
Street Address 845 Taunton Ave			Street Address (Same)		
City E. Prov.	State RI	Zip 02914	City	State	Zip
Secretary Name Asst. Secy. Paul Zammito			Treasurer Name Asst Secy. Christopher Zammito		
Street Address (Same)			Street Address (Same)		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert Zammito, SR.			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Par Value
5,000 COMM NO PAR VALUE			5000	Common	No P.V.

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



FILED

File Date **MAR 29 2005**

Check No. _____

By [Signature]

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]
Signature of Officer
Paul M. Zammito
Date
Print or Type Name of Officer
Asst. Secretary
Title of Officer