

Filing Fee \$50.00  
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Secretary of State

PLEASE TYPE or PRINT *CH#0013092 MRC*  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

Corporate ID: 0019816 Annual Report for the year: 1994  
Name of Business Entity: Leon's TBA Warehouse, Inc.

Business entity organized under the laws of the State of: RI  
Federal Taxpayer Identification Number: [REDACTED]  
For foreign entity, address and telephone number of principal office:  
  
Phone: ( )  
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
950 Wellington Avenue  
Cranston, RI 02910  
Phone: (401) 467-4500

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)  
 Limited Liability Company (See RIGL 7-16)  
Name, title and mailing address of contact person to whom communications may be directed:  
Mark A. Charleson, Esq.  
170 Westminster Street, Suite 700  
Providence, RI 02903  
Brief statement of the character of business conducted in Rhode Island:  
Sale of tires, batteries and other automotive parts and accessories.  
Date of Organization: 04/25/91 *04/25/61 MRC*  
Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	<u>400 Narragansett Parkway</u>	<u>Warwick, RI</u>	<u>02888</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	<u>421 Spring Green Rd.</u>	<u>Warwick, RI</u>	<u>02888</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	<u>Harry Kayarian</u>		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	<u>Leon M. Kayarian</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Leon M. Kayarian</u>			
<u>Harry Kayarian</u>			

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>100</u>	NUMBER <u>100</u>
CLASS <u>Common</u>	CLASS <u>Common</u>
SERIES	SERIES
PAR VALUE OR WITHOUT PAR	PAR VALUE OR WITHOUT PAR

Date March 2, 19 94  
By: [Signature]  
Leon M. Kayarian  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Form 31 1/94  
DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:  
PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

MARK A. CHARLESON  
170 WESTMINSTER STREET, SUITE 700  
PROVIDENCE RI 02903

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APR 4 1994  
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