

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

(FORM MUST BE TYPED OR PRI	,	g Fee: \$50.00			
1. Corporate ID No. 111701	2. Name of Corporation RICARDO SPEN		V	- U., I	
3. Street Address Principal Business QU VAR5	Office LANE		City BRADFORD	State RI	Zip 02808
4. Business Phone No. 401-377-		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character TO ENGAGE IN THE BU TO ENGAGE IN THE BU 8. NAMES AND ADDRESSES	SINESS OF RENTING	AND LEASING VEHICLE	S.		
President Name	SPENCE	CA BOA FOR AITAG	Vice President Name	PACES BEFORE USING	ATTACHMENTS
Street Address 26 VAR5	LANE		Street Address		· · · · · · · · · · · · · · · · · · ·
GRADFORD	State RI	2ip 09808	City	State	Zip
Secretary Name			Treasurer Name		····
Street Address			Street Address		···
City	Sale	Zip	City	State	Zip
9. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S: ("X" BOX FOR ATTA	ACHMENT) FILL IN S	SPACES BEFORE USING	G ATTACHMENTS
Street Address	/		Street Address		
City	State	Zip	City	State	Zip
Director Name		***************************************	Director Name		<u> </u>
Street Address	-		Street Address		
Сцу	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (AUTHORIZED SHARES	"X" BOX FOR ATTA	CHMENT) [11. SHARES ISSUED ("X	" BOX FOR ATTACHM	ENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be si	gned in ink by either	r the President, Vice Pre	sident, Secretary, Assistant	Secretary, Treasurer, Re	ceiver or Trustee
			Under penalty of perior	v. I dealars and affirm that	I have exemined this

File Date 125/05

Check No. 923/25/6766

By: DA

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 of Officer

1-21-05

RICARDO .

SPENCE

Print or Type Name of Officer

Title of Officer

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Form 630 Rev. 12/03



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _______2004

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(FORM MUST BE TYPED OR PR	INTED IN BLACK)				•
1. Corporate ID No.	2. Name of Corporation		· · · · · · · · · · · · · · · · · · ·	·	
111701	RICARDO SPE	NCE, Inc.			
3. Street Address Principal Business			City O A A C - A A	State O	Zip
24 VAR5	LANE		CHYBRADFORD	RI	609808
4. Business Phone No.	11040	5. State of Incorporation			6. SIC Code
401-377-		RHODE ISLAND			
7. Brief Description of the Characte TO ENGAGE IN THE E	r of Business Conducted in I BUSINESS OF CONSTR	thode Island BUCTION, STONE WORK	(AND MASONRY INCLUDI	NG THE WORK AND DATE	O BUIL DING
TO ENGAGE IN THE E	USINESS OF RENTIN	AND LEASING VEHIC	ES TOTAL TOT		
President Name			Vice President Name		Spirite Links
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Secretary Name			Treasurer Name		************************
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City	State	Zip	City	State	Zip
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Director Name				man and the statistic formation	
Non	ve-		Director Name HOO	ا ا	
Street Address			Street Address		
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City	State	Zip	City	State	Zip
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Director Name			Director Name	*************************	***************************
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800 NO PAR VALUE			No	, re	

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
Secretary of Surfaces of Physical Surfaces of Physi	Contained herein are true and correct.
BEDEINED	Print or Type Name of Officer PROSICULAT Title of Officer Form 630 Rev. 12/03



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

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	TED IN BLACK)				1271811-1022
1. Corporate ID No. 111701	2. Name of Corporati RICARDO SP			**************************************	
3. Street Address Principal Business ALL VARS	Office		BRADFORD	State R. I.	02808
4. Business Phone No. 401-377-L 7. Brief Description of the Character	r of Business Conducted in	5. State of Incorporation RHODE ISLAND Rhode Island			6. SIC Code
STONE A	NO BRICK	< MASON			
8-NAMIN AND COURS President Name	RICARDO	The second secon	EMINER TUISING KE Vice President Name NONE	3 477	ativi a zii.
Street Address 24 VARS			Street Address		
BRADE ORD	State R1	02808	City	State	Zip
Street Address	<u> </u>		Treasurer Name	•	
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 TNAMES AND APPENSES. Director Name	SEC ZOF THE DIREC	akojik ezo biotografice.gen		and to respect the second	4170101102
NONE	5		Director Name NONE	3	
Street Address		• (Street Address		
City	State	Zip	City	State	Zip
Director Name NONE	•		Director Name	<u> </u>	••••••••••••••••
Street Address			Street Address		
City	State	Zip	City	State	Zip
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his report must be signe	d in ink by either		resident, Secretary, Assist	ant Secretary, Treasu	rer, Receiver or Trustee

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Check No.	3839	284	3***	liga e Penta
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FOR SECRETARY OF STA	TE USE ONL	Y 	No. of the last	

Under penalty of perjury, I declare and affirm	n that I have examined
this report, including any accompanying sch	edules and statements, an
than all statements contained herein are true	and correct.
breard Spence	1-16-03

pricerd.	Dence	1-	16-03
Signature of Officer	7	Date	
KICARDO	Spence		
Print or Type Name of Offic	er		

PRESI	dent	
Title of Officer		

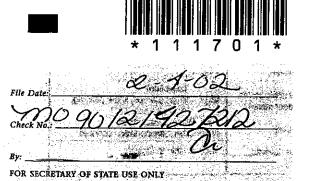


Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN BI	(ACK)				
1. Corporate ID No.	2. Name of Corporation	·			
111701	RICARDO SPEI	NCE, inc.			
3. Street Address Principal Busines			City	State ~ -	Zip
26 VARS	LANE		BRADFORD	R.I.	03808
4. Business Phone No. 401-377-	11979	5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Charact		1			<u>i</u>
	BRICK MA				
			:Vevas - Metirekivskikykerishi	FORE USING ATTA	(MINISTER)
President Name	•		Vice President Name		
RICARDO	Spence	· · · · · · · · · · · · · · · · · · ·			
Street Address 26 VARS City BRADFORD	LANE		Street Address		
City 2	State	Zip	City	State	Zip
BRADFORD) R(Zip 02808		J.W.E.	Liψ
Secretary Name			Treasurer Name		
Street Address			Street Address		
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Oity	State	7:-	i au	1	
City	State	Zip	City	State	Zip
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Director Name			Gertange Li ginis Kajusaaka		
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Director Name			Director Name		
ONAMIS(ASSE SO)DIRIS Director Name Street Address	XX x 40 . Ani sading ken	(B) (Kerieria januaren	Director Name Street Address	\$\$\$0.45 \$ \$\$156 \$ \$\$	KRIMINIS ÷
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City Director Name City Director Name City Director Name City OSSHANS AND ADDRES UTHORIZED SHARES fumber of Shares	State State State	Zip Zip	Director Name Street Address City Director Name Street Address City ISSUED SHARES	State State	Zip Zip



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

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Signature of Officer		Date
RICARDO	SPENCE	
Print or Type Name of Offi	icer	
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Title of Officer

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Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No. 111701	2. Name of Corporation				
3. Street Address Principal Business O		ENCE, INC.	City	Conta	7:5
26 Vars La				State	Zip
4. Business Phone No.		5. State of Incorporation	Bradford	RI	02808 6. SIC Code
(401) 377-	4878	RHODE ISLAND		,	0.010 00.00
7. Brief Description of the Character o		Rhode Island		·	
		y and vehicle	leasing		•
8 NAMES AND ADDRESS				acori edising avitatori	vene e e e
President Name			Vice President Name		
Ricardo Sp	ence			4.4	
Street Address			Street Address		
26 Vars La				-	· · · · · · · · · · · · · · · · · · ·
Bradford Bradford	State RI	^{Zip} 02808	City	State	Zip
Compton Name		***************************************	· · · · · · · · · · · · · · · · · · ·		••••
Secretary Name			Treasurer Name		
Street Address		······································	: : Street Address	 	
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City	State	Zip	: City	State	Zip
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Director Name			Director Name		
Ricardo Sp	ence		David W.	Gervosini Es	q.
Street Address			: Street Address		
26 Vars La			43 Broad		
City	State	Zip	City	State	Zip
Bradford Director Name	RI	02808	Westerly	RI	02891
Director Name			Director Name	**************************************	
Street Address	,···		: Street Address	·	V THE STATE OF THE
	State	Zip	: City	State	Zip
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10. SHARES AUTHORIZED AUTHORIZED SHARES	ESE BOX FOR ATTAG	Par Value		Ello ve do lie si pre Ceris e se l' Class/Series	Par Value
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City 10. SHARES AUTHORIZED AUTHORIZED SHARES Number of Shares 800 NO PAR VALUE			ISSUED SHARES Number of Shares		

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By: FOR SECRETARY OF S	TATE 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 of Officer

2/28/01

Ricardo Spence Print or Type Name of Officer

President

Title of Officer