



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. 82401		2. Name of Corporation AUTO BODY CONCEPTS, INC.			
3. Street Address Principal Business Office 44 Terry Lane			City Chepachet	State RI	Zip 02814
4. Business Phone No. 401 568-7700		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island AUTO BODY PAINTING/REPAIR					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gregory A. Gabel			Vice President Name Gregory A. Gabel		
Street Address 44F Terry Lane			Street Address 44 F Terry Lane		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name			Treasurer Name		
Street Address			Street Address		
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 Gregory A Gabel			Director Name		
Street Address 44F Terry Lane			Street Address		
City Chepachet	State RI	Zip 02814	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
4,000	NO PAR VALUE		0		

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



File Date: 1/12/05  
Check No. 13016  
By: W.  
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: Gregory A Gabel  
Date: 1/6/05  
Print or Type Name of Officer: Gregory A Gabel  
Title of Officer: President



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 02903-1331  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 82401		2. Name of Corporation AUTO BODY CONCEPTS, INC.			
3. Street Address Principal Business Office 44F Terry Lane			City Chepachet	State RI	Zip 02814
4. Business Phone No. 401-568-7700		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island AUTO BODY PAINTING/REPAIR					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Gregory A. Gabel			Vice President Name Gregory A. Gabel		
Street Address 44F Terry Lane			Street Address 44F Terry Lane		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
Secretary Name Gregory A. Gabel			Treasurer Name Gregory A. Gabel		
Street Address 44F Terry Lane			Street Address 44F Terry Lane		
City Chepachet	State RI	Zip 02814	City Chepachet	State RI	Zip 02814
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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"/> AUTHORIZED SHARES					
Number of Shares		Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
4,000 NO PAR VALUE				none	

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



\* 8 2 4 0 1 \*

File Date 2-18-04  
Check No. 11482  
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] 1-14-04  
Signature of Officer Date  
Gregory A. Gabel  
Print or Type Name of Officer  
President  
Title of Officer



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



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **82401** 2. Name of Corporation **AUTO BODY CONCEPTS, INC.**  
3. Street Address Principal Business Office **44 Terry Lane** City **Chepachet** State **RI** Zip **02814**  
4. Business Phone No. **401-568-7700** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Auto Body Paint and Repair shop.**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Gregory A. Gabel</b>	Vice President Name <b>Gregory A. Gabel</b>
Street Address <b>Phillips Ln -</b>	Street Address <b>Phillips Ln -</b>
City <b>Harmony RI</b> Zip <b>02829</b>	City <b>Harmony RI</b> Zip <b>02829</b>
Secretary Name <b>SAME</b>	Treasurer Name <b>SAME</b>
Street Address	Street Address
City State Zip	City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Gregory A. Gabel</b>	Director Name <b>Gregory A. Gabel</b>
Street Address <b>Phillips Ln.</b>	Street Address <b>Phillips Ln.</b>
City <b>Harmony RI</b> Zip <b>02829</b>	City <b>Harmony RI</b> Zip <b>02829</b>
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**4,000 NO PAR VALUE**

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**4,000 no par value**

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



\* 8 2 4 0 1 \*

File Date: **2-6-03**  
Check No.: **9972**  
By: **UP**

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 **Gregory A. Gabel** Date \_\_\_\_\_  
Print or Type Name of Officer **Gregory A. Gabel**  
Title of Officer **President**



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82401**  
2. Name of Corporation **AUTO BODY CONCEPTS, INC.**  
3. Street Address Principal Business Office  
**44 F Terry Lane**  
4. Business Phone No. **401-568-7700**  
5. State of Incorporation **RHODE ISLAND**

City **Chepachet** State **RI** Zip **02814**  
6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Auto Body Repair**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Gregory Gabel**  
Street Address **Phillips Lane**  
City **Hammy** State **RI** Zip  
Secretary Name

Vice President Name **Gregory Gabel**  
Street Address **Phillips Lane**  
City **Hammy** State **RI** Zip  
Treasurer Name

Street Address  
City State Zip

Street Address  
City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Gregory Gabel**  
Street Address **Phillips Lane**  
City **Hammy** State **RI** Zip  
Director Name

Director Name  
Street Address  
City State Zip  
Director Name

Street Address  
City State Zip

Street Address  
City State Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**4,000 NO PAR VALUE**

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**none** **NO-PAR V.**

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



\* 8 2 4 0 1 \*

File Date: **1-11-02**  
Check No.: **8456**  
By: \_\_\_\_\_

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 **Gregory Gabel** Date **1-9-02**  
Print or Type Name of Officer **Gregory Gabel**  
Title of Officer **President**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **82401** 2. Name of Corporation **AUTO BODY CONCEPTS, INC.**  
3. Street Address Principal Business Office **44 F Terry Lane** City **Chepachet** State **R.I.** Zip **02814**  
4. Business Phone No. **401-568-7700** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Auto Body Painting/Repair**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Gregory A. Gabel</b>	Vice President Name <b>Gregory A. Gabel</b>
Street Address <b>PO Box 443 (Phillips Lane)</b>	Street Address <b>PO Box 443 (Phillips Lane)</b>
City <b>Harmmy</b> State <b>RI</b> Zip <b>02829</b>	City <b>Harmmy</b> State <b>RI</b> Zip <b>02829</b>
Secretary Name <b>Gregory A. Gabel</b>	Treasurer Name <b>Gregory A. Gabel</b>
Street Address <b>PO Box 443</b>	Street Address <b>PO Box 443</b>
City <b>Harmmy</b> State <b>RI</b> Zip <b>02829</b>	City <b>Harmmy</b> State <b>RI</b> Zip <b>02829</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Gregory A. Gabel</b>	Director Name
Street Address <b>PO Box 443</b>	Street Address
City <b>Harmmy</b> State <b>RI</b> Zip <b>02829</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**4,000 NO PAR VALUE**

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**none**

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



\* 8 2 4 0 1 \*

File Date: 1/16  
Check No.: 7011  
By: ac

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: Gregory A. Gabel Date: 1-2-00  
Print of Type Name of Officer: Gregory A. Gabel  
Title of Officer: President

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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

**2000**



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. \_\_\_\_\_ 2. Name of Corporation **AUTO BODY CONCEPTS, INC.**  
 3. Street Address **82401** Business Office **44F Terry Lane** City **Chepachet** State **RI** Zip **02814**  
 4. Business Phone No. **401-568-7700** 5. State of Incorporation **RI** 6. SIC Code \_\_\_\_\_  
 7. Brief Description of the Character of Business Conducted in Rhode Island **RHODE ISLAND**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Gregory A. Gabel</b> Street Address <b>PO Box 443</b> City <b>Harmony</b> State <b>RI</b> Zip <b>02829</b>	Vice President Name <b>Gregory A. Gabel</b> Street Address <b>PO Box 443</b> City <b>Harmony</b> State <b>RI</b> Zip <b>02829</b>
Secretary Name <b>Gregory A. Gabel</b> Street Address <b>PO Box 443</b> City <b>HARMONY</b> State <b>RI</b> Zip <b>02829</b>	Treasurer Name <b>Gregory A. Gabel</b> Street Address <b>PO Box 443</b> City <b>Harmony</b> State <b>RI</b> Zip <b>02829</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Gregory A. Gabel</b> Street Address <b>PO Box 443</b> City <b>Harmony</b> State <b>RI</b> Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

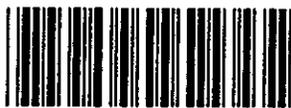
Number of Shares	Class/Series	Par Value
<b>4,000</b>	<b>NO</b>	<b>PAR VALUE</b>

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>0</b>		

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



\* 82401 \*

File Date: 1/20/00  
 Check No.: 5502  
 By: [Signature]

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] 12-31-99  
 Signature of Officer Date  
Gregory A. Gabel  
 Print or Type Name of Officer  
President  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82401**      2. Name of Corporation **AUTO BODY CONCEPTS, INC.**

3. Street Address Principal Business Office  
**44 F Terry Lane**      City **Chepachet**      State **RJ**      Zip **02814**

4. Business Phone No. **401-568-7700**      5. State of Incorporation **RHODE ISLAND**

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Auto Body Repair**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Gregory A Cabel</b>	Vice President Name <b>Gregory A Cabel</b>
Street Address <b>PO Box 443</b>	Street Address <b>PO Box 443</b>
City <b>Harmony</b> State <b>RJ</b> Zip <b>02830</b>	City <b>Harmony</b> State <b>RJ</b> Zip <b>02830</b>
Secretary Name <b>Gregory A Cabel</b>	Treasurer Name <b>Gregory A Cabel</b>
Street Address <b>PO Box 443</b>	Street Address <b>PO Box 443</b>
City <b>Harmony</b> State <b>RJ</b> Zip <b>02830</b>	City <b>Harmony</b> State <b>RJ</b> Zip <b>02830</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)      FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Gregory A Cabel</b>	Director Name <b>Gregory A Cabel</b>
Street Address <b>PO Box 443</b>	Street Address <b>PO Box 443</b>
City <b>Harmony</b> State <b>RJ</b> Zip <b>02830</b>	City <b>Harmony</b> State <b>RJ</b> Zip <b>02830</b>
Director Name <b>Gregory A Cabel</b>	Director Name <b>Gregory A Cabel</b>
Street Address <b>PO Box 443</b>	Street Address <b>PO Box 443</b>
City <b>Harmony</b> State <b>RJ</b> Zip <b>02830</b>	City <b>Harmony</b> State <b>RJ</b> Zip <b>02830</b>

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>4,000 NO PAR VALUE</b>		

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<b>4000</b>		<b>0</b>

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



File Date: Jan 28 1999  
Check No.: 41277  
JD.

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.

*Gregory A Cabel*  
Signature of Officer  
**Gregory A Cabel**  
Print or Type Name of Officer

1-28-99  
Date



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0082401 2. Name of Corporation Auto Body Concepts Inc  
3. Street Address Principal Business Office 44F Tenny Ln City Chepachet State RI Zip 02814  
4. Business Phone No. 401-568-7700 5. State of Incorporation RI 6. SIC Code 02814  
7. Brief Description of the Character of Business Conducted in Rhode Island Auto Body repair shop

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name <u>Gregory A Gabel</u> Street Address <u>24 Ernest Dr</u> City <u>RI</u> State <u>RI</u> Zip <u>02857</u>	Vice President Name <u>Gregory A Gabel</u> Street Address <u>24 Ernest Dr</u> City <u>RI</u> State <u>RI</u> Zip <u>02857</u>
Secretary Name <u>Gregory A Gabel</u> Street Address <u>24 Ernest Dr</u> City <u>RI</u> State <u>RI</u> Zip <u>02857</u>	Treasurer Name <u>Gregory A Gabel</u> Street Address <u>24 Ernest Dr</u> City <u>RI</u> State <u>RI</u> Zip <u>02857</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name <u>IN A -</u> Street Address  City State Zip	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares 7000 Class/Series C Par Value C

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares 6000 Class/Series C Par Value C

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

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.

File Date: 12-31-97

Check No.: ME59196779

Gregory A Gabel 12-31-97  
Signature of Officer Date

By: \_\_\_\_\_

Pres  
Print or Type Name of Officer  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1997**  
 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BLACK

1. Corporate ID No. 2082401 2. Name of Corporation Auto Body Concepts Inc  
 Street Address Principal Business Office 14F Terry Ln City Chepachet State RI Zip 02814  
 Business Phone No. 401-568-7700 S. State of Incorporation R.I. 6. SIC Code

Brief Description of the Character of Business Conducted in Rhode Island

Auto Body repair shop

**10. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name	Vice President Name
<u>Gregory A Gabel</u>	<u>Gregory A Gabel</u>
Street Address	Street Address
<u>24 Ernest Dr</u>	<u>24 Ernest Dr</u>
City	City
State	State
Zip	Zip
<u>02857</u>	<u>02857</u>
Secretary Name	Treasurer Name
<u>Gregory A Gabel</u>	<u>Gregory A Gabel</u>
Street Address	Street Address
<u>24 Ernest Dr</u>	<u>24 Ernest Dr</u>
City	City
State	State
Zip	Zip
<u>02857</u>	<u>02857</u>

**11. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name	Director Name
<u>N/A</u>	
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
 Number of Shares 7000 Class/Series Par Value 0

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
 Number of Shares 4000 Class/Series Par Value 0

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

File Date: 12-31-97  
 Check No.: 91059196779

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: [Signature] Date: 12-31-97  
 Print or Type Name of Officer  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1996**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BLACK

1. Corporate ID No. 0082401 2. Name of Corporation Auto Body Concepts Inc  
 Street Address Principal Business Office 74F Terry Ln City Chapachet State RI Zip 02814  
 Business Phone No. 401-568-7700 5. State of Incorporation R-I 6. SIC Code   
 Brief Description of the Character of Business Conducted in Rhode Island  
Auto Body repair shop

**10. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

President Name <u>Gregory A Gabel</u> Street Address <u>24 Ernest Dr</u> City <u>No Scituate RI</u> State <u>RI</u> Zip <u>02857</u>	Vice President Name <u>Gregory A Gabel</u> Street Address <u>24 Ernest Dr</u> City <u>No Scituate RI</u> State <u>RI</u> Zip <u>02857</u>
Secretary Name <u>Gregory A Gabel</u> Street Address <u>24 Ernest Dr</u> City <u>No Scituate RI</u> State <u>RI</u> Zip <u>02857</u>	Treasurer Name <u>Gregory A Gabel</u> Street Address <u>24 Ernest Dr</u> City <u>No Scituate RI</u> State <u>RI</u> Zip <u>02857</u>

**11. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

Director Name <u>N/A</u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>	Director Name <u></u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>
Director Name <u></u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>	Director Name <u></u> Street Address <u></u> City <u></u> State <u></u> Zip <u></u>

<b>0. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)</b> AUTHORIZED SHARES Number of Shares <u>7000</u> Class/Series <u></u> Par Value <u>0</u>	<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)</b> ISSUED SHARES Number of Shares <u>6000</u> Class/Series <u></u> Par Value <u>0</u>
---	--

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

File Date: 12-31-97  
 Check No.: 91059196779  
 By: \_\_\_\_\_

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.

Gregory A Gabel 12-31-97  
 Signature of Officer Date  
 Print or Type Name of Officer  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1995**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 0082401 2. Name of Corporation Auto Body Concepts Inc  
 Street Address Principal Business Office 14F Terry Ln City Chapel Hill State RI Zip 02814  
 Business Phone No. 401-568-7700 5. State of Incorporation R-I 6. SIC Code  
 Brief Description of the Character of Business Conducted in Rhode Island  
Auto Body repair shop

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)**

President Name <u>Gregory A Gabel</u> Street Address <u>24 Ernest Dr</u> City <u>Providence</u> State <u>RI</u> Zip <u>02857</u>	Vice President Name <u>Gregory A Gabel</u> Street Address <u>24 Ernest Dr</u> City <u>Providence</u> State <u>RI</u> Zip <u>02857</u>
Secretary Name <u>Gregory A Gabel</u> Street Address <u>24 Ernest Dr</u> City <u>Providence</u> State <u>RI</u> Zip <u>02857</u>	Treasurer Name <u>Gregory A Gabel</u> Street Address <u>24 Ernest Dr</u> City <u>Providence</u> State <u>RI</u> Zip <u>02857</u>

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)**

Director Name <u>IN A -</u> Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares 7000 Class/Series Par Value 0

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares 6000 Class/Series Par Value 0

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

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.

File Date: 12-31-97  
Check No.: 91259190719

Gregory A Gabel 12-31-97  
Signature of Officer Date

By: \_\_\_\_\_

\_\_\_\_\_  
Print or Type Name of Officer  
Pres  
\_\_\_\_\_  
Title of Officer