

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

Matthew A. Brown, Secretary of state

Corporations Invision 100 North Main Street Proxidence, RI 02903-1335

101 222 3040

t. Стрише ИУЛс 64001		2 Name of Caporation LEAL ENTERPRISES, INC.					
Street Address Principal Busi			c,ttp	Slette	ZIp		
	Gooding Avenue		Bristol	RI	02885		
Business Phone No.	1100	5 State of Incorporation			6 SIC Code		
253 Brief Description of the Chara	~4490 ictor of Business Conducto	RHODE ISLAN	ט		8953		
OIL CHANGE AND	AUTÓ SERVICE						
	SES OF THE OFFICE	ERS: ("X" BOX FOR AT	TACHMENT) [FILL IN S	PACES BEFORE USIN	NG ATTACHMENTS		
resident Name			Vice President Name				
	n Leal		Dora Leal				
reor Address	Gooding Avenue		Street Address				
	state	Ziţı	65 Gooding	State	Zip		
Bristol	RI	02809	Bristol	RI	02809		
cerviary Name			Treasurer Name	***************************************			
reet Address	Leal		John Leal				
	•		Mreet Address				
	as above	Zip	Same as abo		Zin		
i):	State		City -	Nute	Zip		
NAMES AND ADDRES	State		City [TTACHMENT] [FILL IN				
DAMES AND ADDRES	State		City TTACHMENT) FILL IN Director Name	State			
te NAMES AND ADDRES roctor Name John	SES OF THE DIRECT		City [TTACHMENT] [FILL IN	State			
n: NAMES AND ADDRES rector Name John vor Address	SES OF THE DIRECT		City ATTACHMENT)	SPACES BEFORE US			
n: NAMES AND ADDRES rector Name John rea Address	SES OF THE DIRECT		ATTACHMENT) FILL IN Director Name Dora Leal Street Address	SPACES BEFORE US			
ne NAMES AND ADDRES rector Name John reat Address Same	SES OF THE DIRECT Leal as above	ORS: ("X" BOX FOR A	City ATTACHMENT)	SPACES BEFORE US	ING ATTACHMENTS		
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ne NAMES AND ADDRES rector Name John reat Address Same	SES OF THE DIRECT Leal as above	ORS: ("X" BOX FOR A	City ATTACHMENT)	SPACES BEFORE US	ING ATTACHMENTS		
ne NAMES AND ADDRES rea Address Same rea Address rector Name	SES OF THE DIRECT Leal as above	ORS: ("X" BOX FOR A	City ATTACHMENT) FILL IN Director Name Dora Leal Street Address Same as abo City Director Name	SPACES BEFORE US	ING ATTACHMENTS		
ne NAMES AND ADDRES rea Address Same rea Address rector Name	SES OF THE DIRECT Leal as above	ORS: ("X" BOX FOR A	City ATTACHMENT) FILL IN Director Name Dora Leal Street Address Same as abo City Director Name	SPACES BEFORE US	ING ATTACHMENTS		
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NAMES AND ADDRES TO Address Same To Address Sect Address Control of Address Cont	SES OF THE DIRECT Leal as above State	Zip	City Director Name Dora Leal Street Address Same as abo City Director Name Street Address City 11. SHARES ISSUED ("M	SPACES BEFORE US DVE State State	Zip		
NAMES AND ADDRES rector Name John ren Address Same iv rector Name	SES OF THE DIRECT Leal as above State	Zip	City ATTACHMENT)	SPACES BEFORE US DVE State State	Zip Zip HMENT)		
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2-17-05 5922 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury.				
including any accompany	ing schedules and stater	nems, a	nd that all	statement
contamped herein are true.	and prirect //			

contained herein are true and entreet 🥕 💎		
_ Sm / Cil	1-25-05	
NIII DUG	"	

Signature of Officer

John Leal
Print or Type Name of Officer

President Title of Officer

Form 630 Rev. 12/03



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, Rt 02903-1335 401,222,3040

Form 630 Rev. 12/03

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. 2. Name of Corporation 64001 LEAL ENTERPRISES, INC. 3. Street Address Principal Business Office State ZipCity 65 Gooding Avenue 02809 Bristol RI a. Business Phone No 5 State of Incorporation 6. SIC Code 253-4490 RHODE ISLAND 8953 Brief Description of the Character of Business Conducted in Rhode Island OIL CHANGE AND AUTO SERVICE 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name <u>John Leal</u> <u>Dora Leal</u> Street Address Street Address 65 Gooding Avenue 65 Gooding Avenue Citr ZipState Zip J 02809 02809 Bristol l RI Secretary Name Dora Lea John Lea Street Address Street Address See Above See Above CityState Zip City State Zip9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name John Leal Dora Leal Street Address Street Address See Above See Above City State Director Name Director Name Street Address Street Address City Zip City State Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED AUTHORIZED SHARES ISSUED SHARES Number of Shares Class Series Par Value Number of Shares Class/Series Par Value 100 NO PAR VALUE 100 Common No Par Common No Par 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 heroid are true and sorrect FILE 2 - 10 - 04FEB 24 2004 Date John Leal Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY 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 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PIL-ASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 64001 LEAL ENTERPRISES, INC. 3. Street Address Principal Business Office City State Zip 65 Gooding Avenue Bristol RI 02809 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 253-4490 RHODE ISLAND 8953 7. Brief Description of the Character of Business Conducted in Rhode Island Oil Change and Auto Service 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name John Leal Dora Leal Street Address Street Address City State City Bristol RI02809 02809 Bristol RI Secretary Name Treasurer Name Dora Leal John Leal Street Address Street Address Same as Above Same as Above City State Citv State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name John Leal Dora Leal Street Address Street Address Same as Above Same as Above City Zip Director Name Director Name Street Address Street Address State Zip City State Zip10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

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

100



100 NO PAR VALUE

Theck No.: 5446

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.

Common

signy delay officer JEM

John Leal

Print or Type Name of Officer

President
Title of Officer

Form 630 12/02

1-30-03

No Par Value



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

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

(FORM MUST BE TYPED IN BE	LACK)				
1. Corporate ID No.	2. Name of Corpore	tíon			
64001	LEAL ENTE	RPRISES, INC.			
3. Street Address Principal Busines			Citv	State	Zip
65 Gooding	Avenue		Bri	stol	RI 02809
4. Business Phone No.		5. State of Incorporation			o. SIC Code
253-4490 7. Brief Description of the Charact	er of Business Conducted i	RHODE ISLAI n Rhode Island	ND		8953
Oil Change	and Auto Ser	vice			
8. NAMES AND ADDRE President Name			ACHMENT) FILL IN Vice President Nan	SPACES BEFORE US	ING ATTACHMENTS
John Leal				Dora Leal	
Street Address			Street Address		
32 Kickemui	it Avenue		32 K	Cickemuit Avenu	ue
City	State	Zip	CItv	State	Zip
Bristol Secretary Name	ŔŢ	02809	Bris Treasurer Name	stol	RI 02809
Dora Leal Street Address			Joh n Street Address	Leal	
See Above			See	Above	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIRE	CTORS ("X" BOX FOR AT	TTACHMENT) FILL Director Name	IN SPACES BEFORE U	USING ATTACHMENTS
John Leal Street Address			Street Address	Dora Leal	
See Above				See Above	
City	State	Zip	City	State	Zip
Director Name			Director Name		

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

AUTHORIZED SHARES

Street Address

City

Number of Shares 100 NO PAR VALUE Class/Series

Common

State

Par Value

Zip

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

Number of Shares

Street Address

Citv

100

Class/Series

Par Value

Zip

Common

No Par

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



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 free true and correct.

2-26-20

John Leal

Print or Type Name of Officer

President

Title of Officer

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001



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(FORM MUST BE TYPED IN BL	.ACK)					
1. Corporate ID No. 64001	2. Name of Corpor	ERPRISES, INC.				
3. Street Address Principal Busines	is Office		City		State	Zip
65 Gooding Ave	eneu	5. State of Incorporati		istol	RI	02809 6. SIC Code 8953
(401) 253-4490 7. Brief Description of the Charact		RHODE ISLA in Rhode Island	AND			0933
0il Change and 8. NAMES AND ADDRE. President Name			ACHMENT) FIL Vice President	IL IN SPACES BEFO t Name	RE USING ATTAC	HMENTS
John Leal Street Address			Do Street Address	ra Leal		
32 Kickemuit A	lvenue		32	Kickemuit A	venue	
City	State	Zip	City		State	Zip
Bristol Secretary Name	RI	02809	B r Treasurer Nan	istol ne	RI	02809
John Leal Street Address			Jo Street Address	hn Leal		
Same as Above	State	Zip	S a : City	me as Above	State	Zip
D. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR A	Director Name	·	FORE USING ATTA	CHMENTS
Tahn Taal			חוו	ra Leal		

John Leal Street Address Street Address Same as Above Same as Above State Zip City Zip City State Director Name Director Name Street Address Street Address State Zip City State Zip City

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

AUTHORIZED SHARES

Number of Shares

100 SHS NO PAR VAL

Class/Series

Par Value

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

Number of Shares

Class/Series

Par Value

Date

100

Common

No Par

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



FILED File Date: .

MAR 09 2001 Check No.: _

Βv:

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

ffm.	/Pal	2	_28_01

John Leal Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST	T BE TYPED IN BLA	CK)				
1. Corporate II	D No.	2. Name of Corpora	tion			
	64001	LEAL ENTE	RPRISES, INC.			
3. Street Addre	ess Principal Business	Office		City	State	Zip
	65 Gooding	g Avenue		Bristol	RI	02809
4. Business Ph	one No.		5. State of Incorporation			6. SIC Code
	253-4490		RHODE ISLAND			8953
7. Brief Descrip	ption of the Character	of Business Conducted i	n Rhode Island			
	Oil Change	e and Auto Se	ervice			
8. NAMES President Name		SES OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	S BEFORE USING ATTAC	CHMENTS
	John Leal			Dor	a Leal	
Street Address				Street Address		
	32 Kickemu	it Avenue	•	32	Kickemuit Avenue	
City		State	Zip	City	State	Zip
	Bristol	RI	02809	Bristol	RI	02809
Secretary Name	,			Treasurer Name		
	Dora Leal			John	Leal	
Street Address				Street Address		
	Same as Ab	ove		Same	as Above	
City		State	Zip	City	State	Zip
9. NAMES	AND ADDRESS	SES OF THE DIRE	CTORS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPAC	ES BEFORE USING ATTA	CHMENTS
Director Name				Director Name		
	John Leal			Dora	a Leal	
Street Address				Street Address		
	Same as Ab	ove		Sar	ne a s Above	
Tity		State	Zip	City	State	Zip
Director Name				Director Name		
treet Address				Street Address		
lity		State	Zip	Citv	State	Zip
O. SHARES) ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (ISSUED SHARES	"X" BOX FOR ATTACHMENT)
lumber of Shar	es	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS	NO PAR VA	L		100	Common	No Por

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

100

	3 * 6 4 0 0 1 *
File Date:	3/100
Check No.:	4808
By:	Y 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 berein are true and correct.

Common

No Par

Am soul	1-24-00
Signature of Officer	Date
Toba Toal	

summe of Officer	Little			
John Leaí				
int or Type Name of Officer				
^p resident				

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 64001 LEAL ENTERPRISES, INC. 3. Street Address Principal Business Office 02809 65 Gooding Avenue Bristo1 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 8953 (401) 253-4490 7. Brief Description of the Character of Business Conducted in Rhode Island Oil Change and Auto Repair 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Mary Leal John Leal Street Address Street Address 32 Kickemuit Avenue 32 Kickemuit Avenue 02809 02809 RΙ Bristol Bristol Secretary Name Treasurer Name John Leal John Leal Street Address Same As Above Same As Above Zip City Zip

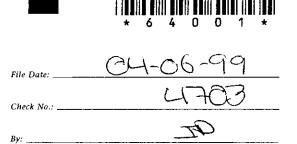
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name John Leal Street Address Same as Above State Zio ZipCity Director Name Director Name Street Address Street Address City State ZipCity State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

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

ISSUED SHARES

Number of Shares

100



Class/Series

Par Value

AUTHORIZED SHARES

100 SHS NO PAR VAL

FOR SECRETARY OF STATE USE ONLY

Number of Shares

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 frue and correct.

Class/Series

Common

2-3-99

John Leal

Print or Type Name of Officer

President

Title of Officer



Par Value

Date

No Par



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

A R 1998 STOP PLEASE READ INSTRUCTIONS

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(FORM MUST BE TYPED IN I	BLACK)				
1. Corporate ID No.	2. Name of Corpore				
64001	LEAL ENTE	RPRISES, INC.			
3. Street Address Principal Busin	iess Office		City	State	Zip
SUPERLUBE 4. Business Phone No.	Gooding Ave	5. State of Incorporati		RI	02809 6. SIC Code
(401) 253-44 7. Brief Description of the Chara Oil, Lubrica	icter of Business Conducted	RHODE ISLA in Rhode Island rtation Related			8953
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT)		
President Name John Le al			Vice President Name Dora Leal		
Street Address 32 Kickemuit	t Road		Street Address 32 Kickemuit	Road	
City Bristol	State RI	^{Zip} 02809	City Bristol	State RI	^{Zip} 02809
Secretary Name Dora Leal			Treasurer Name John Leal		
Street Address See Above			Street Address See Above		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRI	ESSES OF THE DIRI	ECTORS ("X" BOX FOR A			
Director Name John Leal			Director Name Dora Leal		
Street Address See Above			Street Address See Above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR V	'AL		100	COMMON	NO PAR

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

	* 6 4 0 0 1 *
File Date:	3-2.98
Check No.: _	4505
Ву:	100
FOR SECRETA	ARY 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, 2-14-98

Signiture of Officer

Iohn Leal

Print or Type Name of Officer

D . (1 .

President little of Officer



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

PROFIT CORPORATION ANNUAL REPORT 1997

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

1. Corporate ID No.

Director Name

2. Name of Corporation

LEAL ENTERPRISES, INC. 64001

3. Street Address Principal Business Office City State 65 Gooding Avenue Bristol RI 02809 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 8953 253-4490

7. Brief Description of the Character of Business Conducted in Rhode Island

Oil Change and Auto Repair

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

President Name Vice President Name John Leal John Leal Street Address Street Address Kickemuit Avenue City Zip City State Zip 02809 RIBristol Secretary Name Treasurer Name John Leal John Leal

Street Address Street Address

City State Zip City ZipState

Director Name

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

Street Address Street Address Citv State ZipCity State Zip

Director Name Director Name Street Address Street Address

City State ZipCity State

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

F STATE USE ONLY

AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

100 SHS NO PAR VAL 100

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



this report, including any accompanying schedules and statements, and that all spategrents contained hereig are true and correct. Signan

John Léal Print or Type Name of Officer

> President Title of Officer

Common

No Par

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

File Date:

Ву:

		PLEASE TYPE OR PE	RINT IN BLACK INK.		
1. CORPORATE IO NO.	2. NAME OF CORPORATION				
64001		NTERPRISES, INC	•		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFI 4. BUSINESS PHONE NO.	ding A	5. STATE OF INCORPORATION	Bryste)/ F)/	ZIP CODE 6. SIC CODE
(401) 253-	4790	RHODE IS	LAND		8953
7. BRIEF DESCRIPTION OF THE CHARACTER OF B	/		L -		
OH, Jubrica	tron, tra	insportat,			
PRESIDENT NAME TOAN	Lece!	E	VICE PRESIDENT NAME	Lea/	
STREET ADDRESS.	A CMUIT	ZIP CODE	STREET ADDRESS SUME	عمر STATE	ZIP CODE
SECRETARY NAME—X	- 13 / - 1 - 1	02809	TREASURER NAME	12.	
STREET ADDRESS	real eabol	10	STREET ADDRESS	Leal bove	
	STATE	ZIP CODE	aty C C C	STATE	ZIP CODE
NRECTOR NAME JOHN	9. NAM	ES AND ADDRE	SSES OF THE DI	RECTORS	
TREET ADDRESS Sity	MC STATE	ZIP CODE	STREET ADDRESS 5 C C	above	ZIP CODE
RECTOR NAME			DIRECTOR NAME		
TREET ADDRESS			STREET ADDRESS		
īγ	STATE	ZIP CGDE	CITY	STATE	ZIP CODE
	10. SHA	RES AUTHORIZ	ED AND ISSUED		
	AUTHORIZED SHARES	DAD HALLIE	NUMBER OF GUIDES	ISSUED SHARES	
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100 SHS NO F	AR VAL		1600	COMMON	noper
This report must be SIGNED IN INK by either the					
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					
	j		Under penalty o report, including all state ments of	f perjury, I declare and affir any accompanying schedu intained herem are true and	m that I have examined this les and statements, and that correct.

Check No: Print or Type Name of Officer For Secretary of State Use Only Title; of Officer

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

0064001

For foreign entity, address and telephone number of principal office:

ROBERT J. HEALEY, JR, ESQ

RI 02885

665 METACOM AVENUE

MARREN

Business entity organized under the laws of the State of:

Corporate ID:

Name of Corporation:

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

1995

FILED

MAR 0 6 1995

By 150-1236

Annual Report for the year:

Business Entity is (check one):

| | Business Corporation (See RIGL Chapter 7-1.1)

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

LEAL ENTERPRISES, INC.

		[] Professional S	ervice Corporation (See RIGI	. Chapter 7-5.1))
Phone: () Address and telephone of the principal office Island (Provide street address - Not P.O. Box) Superlube Gooding Avenue Bristol, RI 02809	-	0il, 1ul	he character of business conduction, transported business		
Phone: 401 253-4490					
	THE NAMES OF	F THE OFFICERS ARE:			
PRESIDENT	STREE	T ADDRESS	CITY/STATE		ZIP CODI
JOHN LEAL	32 Kickemu		Bristol, RI	02908	
VICE PRESIDENT		T ADDRESS	CITY/STATE	00000	ZIP CODI
DORA LEAL	32 Kickemu		Bristol, RI	02809	
SECRETARY	STREE	T ADDRESS	CITY/STATE		ZIP CODE
SAME AS VICE PRESIDENT	(ATD TT	T ADDRESS	CITY/STATE		ZÎP CODE
SAME AS PRESIDENT	STREE	1 ADDRESS	CHI/STATE		211 (1)21
Diffin To Trabible	THE NAMES OF	THE DIRECTORS ARE	7.		
NAME		T ADDRESS	CITY/STATE		ZIP CODE
JOHN LEAL	32 Kickemuit Avenue		Bristol, RI	02809	
NAME	STREE	T ADDRESS	CITY/STATE		ZIP CODE
DORA LEAS	32 Kickemu		Bristol, RI	02809_	
NAME	STREE	T ADDRESS	CITY/STATE		ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider	may be attached)	NUMBER OF SHARES	ISSUED AND OUTSTANDING	(Rider may be att	tached)
Number of Shares Class / Seri	es	Number of Shares	Class / Series		
100 Common		100	Common		
DateFebruary 28,	19 95 By:	John Leal R TYPE NAME OF OFFICER SIGNING			
Form 31 1/95	TITLE	DE OFFICER SIGNING			
DESIG	SNATED REGISTERED A	AGENT FOR SERVICE	OF PROCESS:		
PLEASE NOTE: If the registered office and/	or registered agent indicated be	elow is incorrect, Form 9 mus	t be filed.		

Filing fee 850.00 Payable for Secretary of State

Corporate ID: __

0064001

PLEASE TYPE or PRINT

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

1994

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

___ Annual Report for the year: ___

Name of Business Entity	LEAL ENTERPRISES, INC.
Business entity organized under the laws of the State of: Rhode Islan Federal Taxpaver Identification Number: For foreign entity, address and telephone number of principal office:	A. Business Corporation (See RIGL Chapter 7-1.1)
	Name, at le and mailing address of contact person to whom communications may be directed: John Leal Gooding Avenue
Phone: (1)	Bristol, RI 02809
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): Superlube	Brief statement of the character of business conducted in Rhode Island: Oil, lubrication, transportation and
Gooding Avenue	other related business
Bristol, RI 02809	Date of Organization: April 18, 1991
Phone: ± 401 ± 253-4490	Date of Qualification to do business in Rhode Island (if foreign entity);
	OF THE OFFICERS ARE: REF ADDRESS CITY STATE ZEPCEDE
JOHN LEAL 32 Kickemuit Aven	nue Bristol, RI 02809
DORA LEAL 32 Kickemuit Aven	RESTABLES CONSTRUCT APPRODE THE Bristol, RI 02809 RESTABLES CITY STATE ZEROOF
90RA LEAL 32 Kickemuit Aven	
Tither Process of the Control of the	OELADORESS CITYATATÉ ZIPTOPE DUE Bristol, RI 02809
	DE THE DIRECTORS ARE: REFT VOORENS CHANGIVE ZIP FOODE
JOHN LEAL 32 Kickemuit Aven	
DORA LEAL 32 Kickemuit Aven	HET ADDRESS CUD STATE ZIP CODE
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 100	NUMBER 100
CLASS Common SERIES	CLASS Common SERIES
PAR VALUE OR No Par Value WITHOUT PAR No Par Value	PAR VALUE OR WITHOUT PAR No Par Value
Date February 26, 94 By	John Zeal
· · · · · · · · · · · · · · · · ·	John Leal
mi children mi	President FOFOFFERSIGNING
	ZUNEAT ACENTEAN CENALAT OF BRAZITES
	SIDENT AGENT FOR SERVICE OF PROCESS: An registered or resident age in borness or from 2.1 c 3 must be filter

Form 31 1 85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE. RHODE ISLAND 02903

Corporate ID	274()() <u>[</u>	Annual Report for t	the year			
FIRST: The name of the corporation is		LEAL ENTERPRISES INC				
SECOND: It is income	rporated under the laws of	the State of Rhode I	sland			
THIRD: Character	THIRD: Character of business, briefly stated, is		auto lubrication			
FOURTH: If foreign	corporation, address of its pr	incipal office				
FIFTH: Business add	dress in Rhode Island 65 (Gooding Ave., Bristol,	RI 02809			
SIXTH: Names and	addresses of its directors and		(Attach rider if necessary)			
	Director					
	Director	32 Kickemuit Ave., Bristol, RI 02809				
Dora Leal	Director	32 Kickemuit AVe., Br	ristol, RI 02809			
John Leal President		See above				
Dora Leal	Vice Presiden	t See above				
Dora Leal	Secretary	See above				
John Leal	Treasurer	See above				
Seventh: Number of	of Shares authorized:		Par Value or statement that			
No. of Shares	Class	Series	shares are without par value			
100	COMMON		NO PAR VALUE			
EIGHTH: Number of	Shares issued:		Par Value or statement that			
No. of Shares	Class	Series	shares are without par value			
100	COMMON		NO PAR VALUE			
Dated February 23	19	LEAL ENTERPRISES, INC.				
(Report must be sig	ned by an officer) Tit.	Ye FFES				

State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE. RHODE ISLAND 02903

Corporate ID		Annual Report for	the year	
First: The nam	ne of the corporation is	ZAL INTERRISES, INC.		
SECOND: It is in	corporated under the laws of	he State of Rhode Isl	and	
THIRD: Charact	er of business, briefly stated, is	auto lubrication		
FOURTH: If fore	ign corporation, address of its prin	cipal office		
Fifth: Business	address in Rhode Island65	Gooding Ave., Bristol	, RI 02809	
SIXTH: Names a	nd addresses of its directors and of		(Attach rider if necessary) g number, street, zip code)	
	Director			
John Leal	Director	32 Kickemuit Ave., I	Bristol, RI 02809	
Dora Leal	Director	32 Kickemuit Ave., I	Bristol, RI 02809	
John Leal	President	32 Kickemuit Av., Br	cistol, RI 02809	
Dora Leal	Vice President	32 Kickemuit Av., Br	ristol, RI 02809	
Down Ion1	Secretary	32 Kickemuit Av., Br		
* 1 * 1	Treasurer	32 Kickemuit Av., Br	ristol, RI 02809	
SEVENTH: Numb	er of Shares authorized:		Par Value	
No. of Shares	Class	Series	or statement that shares are without par value	
100	Common		no par value	
Eighth: Number	r of Shares issued:	MAR 02 1992 PUP#14 7/2	Par Value or statement that shares are without	
No. of Shares	Class	Series	par value	
0	Common		no par value	
DatedFebruary 22	19	AL ENTERPRISES, INC.		
	By	Jem Tras		
(Renort must b	e signed by an officer) Title	President		
(report must b	Tite	The state of the s	***************************************	