



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.<br><b>64001</b>  |                    | 2. Name of Corporation<br><b>LEAL ENTERPRISES, INC.</b> |  |                    |                            |
| 3. Street Address Principal Business Office<br><b>65 Gooding Avenue</b>  |                    |   | City<br><b>Bristol</b>                     | State<br><b>RI</b> | Zip<br><b>02885</b>        |
| 4. Business Phone No.<br><b>253-4490</b>   |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>        |  |                    | 6. SIC Code<br><b>8953</b> |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>OIL CHANGE AND AUTO SERVICE</b>                  |                    |   |  |                    |                            |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                    |   |  |                    |                            |
| President Name<br><b>John Leal</b>   |                    |   | Vice President Name<br><b>Dora Leal</b>    |                    |                            |
| Street Address<br><b>65 Gooding Avenue</b>   |                    |   | Street Address<br><b>65 Gooding Avenue</b> |                    |                            |
| City<br><b>Bristol</b>   | State<br><b>RI</b> | Zip<br><b>02809</b>                                     | City<br><b>Bristol</b>                     | State<br><b>RI</b> | Zip<br><b>02809</b>        |
| Secretary Name<br><b>Dora Leal</b>   |                    |   | Treasurer Name<br><b>John Leal</b>         |                    |                            |
| Street Address<br><b>Same as above</b>   |                    |   | Street Address<br><b>Same as above</b>     |                    |                            |
| City<br><b>Bristol</b>   | State<br><b>RI</b> | Zip<br><b>02809</b>                                     | City<br><b>Bristol</b>                     | State<br><b>RI</b> | Zip<br><b>02809</b>        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                    |   |  |                    |                            |
| Director Name<br><b>John Leal</b>  |                    |   | Director Name<br><b>Dora Leal</b>          |                    |                            |
| Street Address<br><b>Same as above</b>   |                    |   | Street Address<br><b>Same as above</b>     |                    |                            |
| City<br><b>Bristol</b>   | State<br><b>RI</b> | Zip<br><b>02809</b>                                     | City<br><b>Bristol</b>                     | State<br><b>RI</b> | Zip<br><b>02809</b>        |
| Director Name<br><b>John Leal</b>  |                    |   | Director Name<br><b>Dora Leal</b>          |                    |                            |
| Street Address<br><b>Same as above</b>   |                    |   | Street Address<br><b>Same as above</b>     |                    |                            |
| City<br><b>Bristol</b>   | State<br><b>RI</b> | Zip<br><b>02809</b>                                     | City<br><b>Bristol</b>                     | State<br><b>RI</b> | Zip<br><b>02809</b>        |
| 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                  |
| <b>100 NO PAR VALUE</b>  |                    |   | <b>100</b>                                 | <b>Common</b>      | <b>No Par</b>              |

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



\*64001\*

|                                 |
|---------------------------------|
| File Date<br><b>2-17-05</b>     |
| Check No.<br><b>5922</b>        |
| By<br><b>KB</b>                 |
| 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.

**John Leal** 1-25-05  
Signature of Officer Date  
**John Leal**  
Print or Type Name of Officer  
**President**  
Title of Officer



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 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |                    |   |   |                    |                            |
|--|--------------------|---|---|--------------------|----------------------------|
| 1. Corporate ID No.<br><b>64001</b>  |                    | 2. Name of Corporation<br><b>LEAL ENTERPRISES, INC.</b> |   |                    |                            |
| 3. Street Address Principal Business Office<br><b>65 Gooding Avenue</b>  |                    |   | City<br><b>Bristol</b>  | State<br><b>RI</b> | Zip<br><b>02809</b>        |
| 4. Business Phone No.<br><b>253-4490</b>   |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>        |   |                    | 6. SIC Code<br><b>8953</b> |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>OIL CHANGE AND AUTO SERVICE</b>                  |                    |   |   |                    |                            |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                    |   |   |                    |                            |
| President Name<br><b>John Leal</b>   |                    |   | Vice President Name<br><b>Dora Leal</b>                             |                    |                            |
| Street Address<br><b>65 Gooding Avenue</b>   |                    |   | Street Address<br><b>65 Gooding Avenue</b>                          |                    |                            |
| City<br><b>Bristol</b>   | State<br><b>RI</b> | Zip<br><b>02809</b>                                     | City<br><b>Bristol</b>  | State<br><b>RI</b> | Zip<br><b>02809</b>        |
| Secretary Name<br><b>Dora Leal</b>   |                    |   | Treasurer Name<br><b>John Leal</b>                                  |                    |                            |
| Street Address<br><b>See Above</b>   |                    |   | Street Address<br><b>See Above</b>                                  |                    |                            |
| 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<br><b>John Leal</b>  |                    |   | Director Name<br><b>Dora Leal</b>                                   |                    |                            |
| Street Address<br><b>See Above</b>   |                    |   | Street Address<br><b>See Above</b>                                  |                    |                            |
| 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                  |
| <b>100 NO PAR VALUE</b>  | <b>Common</b>      | <b>No Par</b>   | <b>100</b>  | <b>Common</b>      | <b>No Par</b>              |

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 **FILED**  
Check No. **FEB 24 2004**  
By: **JP a 2/2/5**  
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 **John Leal** Date **2-10-04**

Print or Type Name of Officer  
**John Leal**

Title of Officer  
**President**

Title of Officer



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

64001

2. Name of Corporation

LEAL ENTERPRISES, INC.

3. Street Address Principal Business Office

65 Gooding Avenue

City

Bristol

State

RI

Zip

02809

4. Business Phone No.

(401) 253-4490

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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**

President Name

John Leal

Vice President Name

Dora Leal

Street Address

Street Address

City

Bristol

State

RI

Zip

02809

City

Bristol

State

RI

Zip

02809

Secretary Name

Dora Leal

Treasurer Name

John Leal

Street Address

Same as Above

Street Address

Same as Above

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

John Leal

Director Name

Dora Leal

Street Address

Same as Above

Street Address

Same as Above

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No Par Value

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: 3-3-03

Check No.: 5466

By: 5466

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

Date

1-30-03

John Leal

Print or Type Name of Officer

President

Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

64001

2. Name of Corporation

LEAL ENTERPRISES, INC.

3. Street Address Principal Business Office

65 Gooding Avenue

City

Bristol

State

RI

Zip

02809

4. Business Phone No.

253-4490

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

President Name

John Leal

Street Address

32 Kickemuit Avenue

City

Bristol

State

RI

Zip

02809

Secretary Name

Dora Leal

Street Address

See Above

City

State

Zip

Vice President Name

Dora Leal

Street Address

32 Kickemuit Avenue

City

Bristol

State

RI

Zip

02809

Treasurer Name

John Leal

Street Address

See Above

City

State

Zip

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

John Leal

Street Address

See Above

City

State

Zip

Director Name

Dora Leal

Street Address

See Above

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

100 NO PAR VALUE

Common

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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: 3/1/02

Check No.: 5241

By: DL

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

John Leal

2-26-20

Date

Print or Type Name of Officer

President

Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64001** 2. Name of Corporation **LEAL ENTERPRISES, INC.**

3. Street Address Principal Business Office **65 Gooding Avenue** City **Bristol** State **RI** Zip **02809**

4. Business Phone No. **(401) 253-4490** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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**

President Name

**John Leal**

Street Address

**32 Kickemuit Avenue**

City **Bristol** State **RI** Zip **02809**

Secretary Name

**John Leal**

Street Address

**Same as Above**

City **Same as Above** State **Same as Above** Zip **Same as Above**

Vice President Name

**Dora Leal**

Street Address

**32 Kickemuit Avenue**

City **Bristol** State **RI** Zip **02809**

Treasurer Name

**John Leal**

Street Address

**Same as Above**

City **Same as Above** State **Same as Above** Zip **Same as Above**

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

Director Name

**John Leal**

Street Address

**Same as Above**

City **Same as Above** State **Same as Above** Zip **Same as Above**

Director Name

**Dora Leal**

Street Address

**Same as Above**

City **Same as Above** State **Same as Above** Zip **Same as Above**

Director Name

Director Name

Street Address

Street Address

City **Same as Above** State **Same as Above** Zip **Same as Above**

City **Same as Above** State **Same as Above** Zip **Same as Above**

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**100 SHS NO PAR VAL**

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

ISSUED SHARES

Number of Shares Class/Series Par Value

**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 \*

**FILED**

File Date: **MAR 09 2001**

Check No.: **By**

By: **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

**John Leal**

Print or Type Name of Officer

**President**

Title of Officer

**2-28-01**  
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  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2000**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **64001** 2. Name of Corporation **LEAL ENTERPRISES, INC.**  
3. Street Address Principal Business Office **65 Gooding Avenue** City **Bristol** State **RI** Zip **02809**  
4. Business Phone No. **253-4490** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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**

|                |                     |                     |                     |
|----------------|---------------------|---------------------|---------------------|
| President Name | John Leal           | Vice President Name | Dora Leal           |
| Street Address | 32 Kickemuit Avenue | Street Address      | 32 Kickemuit Avenue |
| City           | Bristol             | City                | Bristol             |
| State          | RI                  | State               | RI                  |
| Zip            | 02809               | Zip                 | 02809               |
| Secretary Name | Dora Leal           | Treasurer Name      | John Leal           |
| Street Address | Same as Above       | Street Address      | Same as Above       |
| City           |                     | City                |                     |
| State          |                     | State               |                     |
| Zip            |                     | Zip                 |                     |

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

|                |               |                |               |
|----------------|---------------|----------------|---------------|
| Director Name  | John Leal     | Director Name  | Dora Leal     |
| Street Address | Same as Above | Street Address | Same as Above |
| 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          | Class/Series | Par Value |
| <b>100 SHS NO PAR VAL</b> |              |           |

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

ISSUED SHARES

|                  |               |               |
|------------------|---------------|---------------|
| Number of Shares | Class/Series  | Par Value     |
| <b>100</b>       | <b>Common</b> | <b>No Par</b> |

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: **3/1/00**

Check No.: **4868**

By: **John Leal**

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 **John Leal** Date **1-24-00**

Print or Type Name of Officer

**President**

Title of Officer



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  
401-222-3040



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. **64001** 2. Name of Corporation **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 Repair**

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

|   |   |
|---|---|
| President Name<br><b>John Leal</b>              | Vice President Name<br><b>Mary Leal</b>         |
| Street Address<br><b>32 Kickemuit Avenue</b>    | Street Address<br><b>32 Kickemuit Avenue</b>    |
| City State Zip<br><b>Bristol RI 02809</b>       | City State Zip<br><b>Bristol RI 02809</b>       |
| Secretary Name<br><b>John Leal</b>              | Treasurer Name<br><b>John Leal</b>              |
| Street Address<br><b>Same As Above</b>          | Street Address<br><b>Same As Above</b>          |
| City State Zip<br><b>Same As Above RI 02809</b> | City State Zip<br><b>Same As Above RI 02809</b> |

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

|   |                |
|---|----------------|
| Director Name<br><b>John Leal</b>               | Director Name  |
| Street Address<br><b>Same as Above</b>          | Street Address |
| City State Zip<br><b>Same as Above RI 02809</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 |
| <b>100 SHS NO PAR VAL</b> |              |           |

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

ISSUED SHARES

|                  |               |               |
|------------------|---------------|---------------|
| Number of Shares | Class/Series  | Par Value     |
| <b>100</b>       | <b>Common</b> | <b>No Par</b> |

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



File Date: **04-06-99**

Check No.: **4703**

By: **JD**

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 **John Leal** Date **2-3-99**

Print or Type Name of Officer **John Leal**

Title of Officer **President**



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. **64001** 2. Name of Corporation **LEAL ENTERPRISES, INC.**  
3. Street Address Principal Business Office  
**SUPERLUBE Gooding Avenue Bristol RI 02809**  
4. Business Phone No. **(401) 253-4490** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Oil, Lubrication, Transportation Related Business**

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

|  |  |
|--|--|
| President Name<br><b>John Leal</b>         | Vice President Name<br><b>Dora Leal</b>    |
| Street Address<br><b>32 Kickemuit Road</b> | Street Address<br><b>32 Kickemuit Road</b> |
| City<br><b>Bristol</b>                     | City<br><b>Bristol</b>                     |
| State<br><b>RI</b>                         | State<br><b>RI</b>                         |
| Zip<br><b>02809</b>                        | Zip<br><b>02809</b>                        |
| Secretary Name<br><b>Dora Leal</b>         | Treasurer Name<br><b>John Leal</b>         |
| Street Address<br><b>See Above</b>         | Street Address<br><b>See Above</b>         |
| City<br><b></b>                            | City<br><b></b>                            |
| State<br><b></b>                           | State<br><b></b>                           |
| Zip<br><b></b>                             | Zip<br><b></b>                             |

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

|                                    |                                    |
|------------------------------------|------------------------------------|
| Director Name<br><b>John Leal</b>  | Director Name<br><b>Dora Leal</b>  |
| Street Address<br><b>See Above</b> | Street Address<br><b>See Above</b> |
| City<br><b></b>                    | City<br><b></b>                    |
| State<br><b></b>                   | State<br><b></b>                   |
| Zip<br><b></b>                     | Zip<br><b></b>                     |
| Director Name<br><b></b>           | Director Name<br><b></b>           |
| Street Address<br><b></b>          | Street Address<br><b></b>          |
| City<br><b></b>                    | City<br><b></b>                    |
| State<br><b></b>                   | State<br><b></b>                   |
| Zip<br><b></b>                     | Zip<br><b></b>                     |

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

|                           |              |           |
|---------------------------|--------------|-----------|
| AUTHORIZED SHARES         |              |           |
| Number of Shares          | Class/Series | Par Value |
| <b>100 SHS NO PAR VAL</b> |              |           |

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

|                  |               |               |
|------------------|---------------|---------------|
| ISSUED SHARES    |               |               |
| Number of Shares | Class/Series  | Par Value     |
| <b>100</b>       | <b>COMMON</b> | <b>NO PAR</b> |

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



File Date: **3-2-98**

Check No.: **4505**

By: **ICP**

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 **John Leal** Date **2-14-98**

Print or Type Name of Officer **John Leal**

Title of Officer **President**





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 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64001** 2. Name of Corporation **LEAL ENTERPRISES, INC.**  
3. Street Address Principal Business Office **65 Gooding Avenue** City **Bristol** State **RI** Zip **02809**  
4. Business Phone No. **253-4490** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

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<br><b>John Leal</b>           | Vice President Name<br><b>John Leal</b> |
| Street Address<br><b>32 KICKEMUIT AVENUE</b> | Street Address                          |
| City<br><b>Bristol</b>                       | City                                    |
| State<br><b>RI</b>                           | State                                   |
| Zip<br><b>02809</b>                          | Zip                                     |
| Secretary Name<br><b>John Leal</b>           | Treasurer Name<br><b>John Leal</b>      |
| Street Address                               | Street Address                          |
| City   | City                                    |
| State  | State                                   |
| Zip  | Zip                                     |

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

|                |                |
|----------------|----------------|
| Director Name  | Director Name  |
| 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 AND ISSUED ("X" BOX FOR ATTACHMENT)

| AUTHORIZED SHARES         |              |           | ISSUED SHARES    |               |               |
|---------------------------|--------------|-----------|------------------|---------------|---------------|
| Number of Shares          | Class/Series | Par Value | Number of Shares | Class/Series  | Par Value     |
| <b>100 SHS NO PAR VAL</b> |              |           | <b>100</b>       | <b>Common</b> | <b>No Par</b> |

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: **3/3/97**

Check No.: **5293**

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 of Officer **[Signature]** Date **2-15-97**

Print or Type Name of Officer **John Leal**

Title of Officer **President**

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 64001  
2. NAME OF CORPORATION LEAL ENTERPRISES, INC.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE Super Lube  
Gooding Ave. Bristol RI 02809  
4. BUSINESS PHONE NO. (401) 253-4490  
5. STATE OF INCORPORATION RHODE ISLAND  
6. SIC CODE 8953

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

oil, lubrication, transportation

8. NAMES AND ADDRESSES OF THE OFFICERS

|   |  |
|---|--|
| PRESIDENT NAME<br>John Leal<br>STREET ADDRESS<br>32 Kickemut Rd.<br>CITY<br>Bristol<br>STATE<br>RI<br>ZIP CODE<br>02809 | VICE PRESIDENT NAME<br>Dora Leal<br>STREET ADDRESS<br>same<br>CITY<br>same<br>STATE<br>RI<br>ZIP CODE<br>02809 |
| SECRETARY NAME<br>Dora Leal<br>STREET ADDRESS<br>see above<br>CITY<br>same<br>STATE<br>RI<br>ZIP CODE<br>02809          | TREASURER NAME<br>John Leal<br>STREET ADDRESS<br>see above<br>CITY<br>same<br>STATE<br>RI<br>ZIP CODE<br>02809 |

9. NAMES AND ADDRESSES OF THE DIRECTORS

|   |   |
|---|---|
| DIRECTOR NAME<br>John Leal<br>STREET ADDRESS<br>same<br>CITY<br>Bristol<br>STATE<br>RI<br>ZIP CODE<br>02809 | DIRECTOR NAME<br>Dora Leal<br>STREET ADDRESS<br>see above<br>CITY<br>same<br>STATE<br>RI<br>ZIP CODE<br>02809 |
| DIRECTOR NAME<br><br>STREET ADDRESS<br><br>CITY<br><br>STATE<br><br>ZIP CODE                                | DIRECTOR NAME<br><br>STREET ADDRESS<br><br>CITY<br><br>STATE<br><br>ZIP CODE                                  |

10. SHARES AUTHORIZED AND ISSUED

| AUTHORIZED SHARES |                |           | ISSUED SHARES    |                |           |
|-------------------|----------------|-----------|------------------|----------------|-----------|
| NUMBER OF SHARES  | CLASS / SERIES | PAR VALUE | NUMBER OF SHARES | CLASS / SERIES | PAR VALUE |
| 100 SHS           | NO PAR VAL     |           | 100              | 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 herein are true and correct.

File Date: 3/12/96

Check No: 4138

By: [Signature]

For Secretary of State Use Only

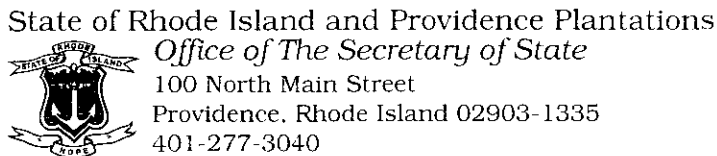
Signature of Officer

Print or Type Name of Officer

Title of Officer

Date

John Leal  
president 2/28/96



Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

## ANNUAL REPORT

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

Make Checks Payable to: Secretary of State

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

Corporate ID: 0064001

Annual Report for the year: 1995

Name of Corporation: LEAL ENTERPRISES, INC.

Business entity organized under the laws of the State of:

Business Entity is (check one):

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

☐ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

Brief statement of the character of business conducted in Rhode Island:

Oil, lubrication, transportation, and  
other related business

Address and telephone of the principal office of business entity in Rhode  
Island (Provide street address - Not P.O. Box):

Superlube  
Gooding Avenue  
Bristol, RI 02809

Phone: 401 ) 253-4490

### THE NAMES OF THE OFFICERS ARE:

| PRESIDENT              | STREET ADDRESS      | CITY/STATE  | ZIP CODE |
|------------------------|---------------------|-------------|----------|
| JOHN LEAL              | 32 Kickemuit Avenue | Bristol, RI | 02908    |
| VICE PRESIDENT         | STREET ADDRESS      | CITY/STATE  | ZIP CODE |
| DORA LEAL              | 32 Kickemuit Avenue | Bristol, RI | 02809    |
| SECRETARY              | STREET ADDRESS      | CITY/STATE  | ZIP CODE |
| SAME AS VICE PRESIDENT |                     |             |          |
| TREASURER              | STREET ADDRESS      | CITY/STATE  | ZIP CODE |
| SAME AS PRESIDENT      |                     |             |          |

### THE NAMES OF THE DIRECTORS ARE:

| NAME      | STREET ADDRESS      | CITY/STATE  | ZIP CODE |
|-----------|---------------------|-------------|----------|
| JOHN LEAL | 32 Kickemuit Avenue | Bristol, RI | 02809    |
| NAME      | STREET ADDRESS      | CITY/STATE  | ZIP CODE |
| DORA LEAS | 32 Kickemuit Avenue | Bristol, RI | 02809    |
| NAME      | STREET ADDRESS      | CITY/STATE  | ZIP CODE |
|           |                     |             |          |

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares Class / Series

100 Common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

100 Common

Date February 28, 19 95

By:

John Leal  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

Form 31 1/95

### DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

ROBERT J. HEALEY, JR, ESQ  
665 METACOM AVENUE  
WARREN RI 02885

FILED

MAR 0 6 1995

By: AC-1286

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
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: 0054001 Annual Report for the year: 1994

Name of Business Entity: LEAL ENTERPRISES, INC.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

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

Phone: [REDACTED]

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Superlube

Gooding Avenue

Bristol, RI 02809

Phone: 401-253-4490

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:

John Leal

Gooding Avenue

Bristol, RI 02809

Brief statement of the character of business conducted in Rhode Island:

Oil, lubrication, transportation and  
other related business

Date of Organization: April 18, 1991

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

| OFFICE  | NAME      | STREET ADDRESS      | CITY/STATE  | ZIP CODE |
|---|-----------|---------------------|-------------|----------|
| <input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input type="checkbox"/> PRESIDENT (Check One) | JOHN LEAL | 32 Kickemuit Avenue | Bristol, RI | 02809    |
| <input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One)       | DORA LEAL | 32 Kickemuit Avenue | Bristol, RI | 02809    |
| <input type="checkbox"/> CUSTOMER SERVICE OFFICER OR <input type="checkbox"/> SECRETARY (Check One)           | DORA LEAL | 32 Kickemuit Avenue | Bristol, RI | 02809    |
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One)            | JOHN LEAL | 32 Kickemuit Avenue | Bristol, RI | 02809    |

THE NAMES OF THE DIRECTORS ARE:

| NAME      | STREET ADDRESS      | CITY/STATE  | ZIP CODE |
|-----------|---------------------|-------------|----------|
| JOHN LEAL | 32 Kickemuit Avenue | Bristol, RI | 02809    |
| DORA LEAL | 32 Kickemuit Avenue | Bristol, RI | 02809    |

| NUMBER OF SHARES AUTHORIZED (If Applicable) | NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) |
|---|---|
| NUMBER: 100                                 | NUMBER: 100   |
| CLASS: Common                               | CLASS: Common   |
| SERIES:                                     | SERIES:   |
| PAR VALUE OR WITHOUT PAR: No Par Value      | PAR VALUE OR WITHOUT PAR: No Par Value                  |

Date: February 26, 19 94

By: John Leal

John Leal

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

Form 31 - 1994

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 31 or Form 31-1/3 must be filed.

ROBERT J. HEALEY, JR., ESQ  
665 METACOM AVENUE  
WARREN RI 02885

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

2670

Corporate ID 0054001 Annual Report for the year 1993

FIRST: The name of the corporation is LEAL ENTERPRISES, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is auto lubrication

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 65 Gooding Ave., Bristol, RI 02809

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name      | Office         | Address (including number, street, zip code) |
|-----------|----------------|--|
|           | Director       |  |
| John Leal | Director       | 32 Kickemuit Ave., Bristol, RI 02809         |
| Dora Leal | Director       | 32 Kickemuit Ave., Bristol, RI 02809         |
| John Leal | President      | See above                                    |
| Dora Leal | Vice President | See above                                    |
| Dora Leal | Secretary      | See above                                    |
| John Leal | Treasurer      | See above                                    |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|---|
| 100           | COMMON |        | NO PAR VALUE  |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|---|
| 100           | COMMON |        | NO PAR VALUE  |

Dated February 23 19 93

LEAL ENTERPRISES, INC.

(Name of Corporation)

By John Leal

Title PRES.

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 00000001 Annual Report for the year 1992

FIRST: The name of the corporation is LEAL ENTERPRISES, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is auto lubrication

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 65 Gooding Ave., Bristol, RI 02809

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name      | Office         | Address (including number, street, zip code) |
|-----------|----------------|--|
|           | Director       |  |
| John Leal | Director       | 32 Kickemuit Ave., Bristol, RI 02809         |
| Dora Leal | Director       | 32 Kickemuit Ave., Bristol, RI 02809         |
| John Leal | President      | 32 Kickemuit Av., Bristol, RI 02809          |
| Dora Leal | Vice President | 32 Kickemuit Av., Bristol, RI 02809          |
| Dora Leal | Secretary      | 32 Kickemuit Av., Bristol, RI 02809          |
| John Leal | Treasurer      | 32 Kickemuit Av., Bristol, RI 02809          |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|---|
| 100           | Common |        | no par value  |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value<br>or statement that<br>shares are without<br>par value |
|---------------|--------|--------|---|
| 0             | Common |        | no par value  |

Dated February 22, 19 92

LEAL ENTERPRISES, INC.

(Name of Corporation)

By John Leal

Title President

(Report must be signed by an officer)