

## 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

2005

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_

·	PED OR PRINTED IN BLACK)		·				
1. ID No. <b>120502</b>		2. Exact name of the limited liability company  Laurin Enterprises, LLC					
3. State of Formation RHODE ISLAND	4. Brief descript AUTO SALY	ion of the character of the /AGE	ousiness which is actually conducted in Rh	oode Island			
5. Principal office address 113 FENNER AVE 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NA			MIDDLETON		02842		
Contact Name	IARLES L FENNER AV		Contact Title				
Street Address	FENNER AV	E	City MIDDLETON	UN State R.I	21p 02842		
	FILL IN S	PACES BEFORE USIN	ED LIABILITY COMPANY, IF AP G ATTACHMENTS ("X" BOX I IRES FILING OF AMENDMENT, : Kongra Nove	FOR ATTACHMENT)	7-16-52		
	NA		минидат Ivame	Manager Name			
Street Address	<u>.</u>	· · · · · · · · · · · · · · · · · · ·	Street Address		<u></u>		
City	State	Zip	City	State	Zip		
Manager Name		Manager Name					
Manager Name			:				
		<del>,</del>	Street Address		·		
Manager Name  Street Address  City	State	Zip	Street Address City	State	Zip		
Street Address					Zip		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

File Date _	9 7 05 *120502*	
Check No	910	
Ву:	DA	
FC	OR 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 Authorized Person

8/28/05

CHARLES LAURIN
Print or Type Name of Authorized Person



## 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

### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_\_\_\_\_ 2004

	mber 1 - November 1	• Filing Fee: \$5	50.00				
1. ID No.	O OR PRINTED IN BLACK)	d liebility or at					
	2. Exact name of the limited liability company						
120502 3. State of Formation							
3. State of Pormation			business which is actually conducted in Rh	ode Island			
RHODE ISLAND	AUTO SALV	AGE					
5. Principal office address 113 FENNER AVE			MIDDLETOW	U State RI	02842		
6. MAILING ADDRI	ESS OF LIMITED LIABI	LITY COMPANY AN	D NAME OR TITLE OF CONTAC	T PERSON:	1		
Contact Name	<b>A. . .</b>		Contact Title				
CHA	RLES LAU FENNER	RIN	City OWNE	ER .			
Street Address			City	State	Zip		
113	FENNER	AVE	MIDDLETO	WN RIJ	02842		
			ED LIABILITY COMPANY, IF AP		1		
	FILL IN SPA	ACES BEFORE USIN	G ATTACHMENTS ("X" BOX F	OR ATTACHMENT)			
AN	Y MODIFICATIONS TO	MANAGERS REQU	TRES FILING OF AMENDMENT,	R.I.G.L. 7-16-12 (a) (2)	/ 7-16-52		
Manager Name	i		Manager Name				
	NIA						
Street Address			Street Address	Street Address			
City	Stale	Zip	City	State			
*****	(1011)		City	siare	Zip		
Manager Name			Manager Name		J		
Thanks of the state of the stat			nunager Name				
Street Address	<del></del>		Street Address	Street Address			
City	State	Zip	City	State	Zip		
		•		l sione	Lip		
8. RESIDENT AGEN	T IN RHODE ISLAND -	DO NOT ALTER - C	Changes require filing of Form	642 - R.I.G.L. 7-16-11	•		
Agent Name			Address				
CUADI FO LAUDIN							
CHARLES LAURIN					<u> </u>		
Address			City	Zip	Zip		
113 FENNER STREET			MIDDLETOWN	0284	12		
					···		
	•						

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

*	1	2	0	5	0	2	*
 							-

File Date	9/8/04	
Check No	668	
Ву:	DA	
FOR SEC	CRETARY OF STATE USE ON	LY

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 Authorized Person Date

CHARLES LAURIU

Print or Type Name of Authorized Person



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

#### LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR \_ Filing Period: September 1 - November 1 • Filing Fee: \$50.00

2003

	OR PRINTED IN BLACK)					
1. ID No.	2. Exact name of the limited liability company					
120502	Laurin Enterpri		<u> </u>			
3. State of Formation	4. Brief descript	ion of the character of the busin	ess which is actually conducted in Rhode Isla	md	· · · · · · · · · · · · · · · · · · ·	
RHODE ISLAND	AUTO SALV	AGE				
5. Principal office address			City	State	Zip	
113 Fen	nor Aue		Middletown	RI	02842	
6. MAILING ADDRES	SS OF LIMITED LIAB	ILITY COMPANY AND N	IAME OR TITLE OF CONTACT PE	. ~	100-4	
Contact Name			Contact Title			
Charles V	- LAURIN		Owner			
Street Address			City	State	Zip	
113 Fenna	e Auenue		Middletone	RI	02842	
			LIABILITY COMPANY, IF APPLICA		100012	
	FILL IN SI	PACES BEFORE USING A	TTACHMENTS ("X" BOX FOR A	TTACHMENT)		
ANY	Y MODIFICATIONS T	O MANAGERS REQUIRE	S FILING OF AMENDMENT, R.I.G	.L. 7-16-12 (a) (2)	7-16-52	
Manager Name	•		Manager Name			
Street Address			Street Address	· · · · · · · · · · · · · · · · · · ·		
			•			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name		· · · · · · · · · · · · · · · · · · ·	
·						
Street Address			Street Address		<del></del>	
City	State	Zip	City:	State	Zip	
O DECIDENCE CONTR	. <b></b>					
8. RESIDENT AGENT Agent Name	IN RHODE ISLAND	- DO NOT ALTER - Char	nges require filing of Form 642	R.I.G.L. 7-16-11		
ŭ			Address			
CHARLES LAURIN						
Address		····	City	City Zip		
113 FENNER STREET			MIDDLETOWN	· · · · · · · · · · · · · · · · · · ·		
<del></del>		·				

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

	* 1 2 0 5 0 2 *	
File Date	93-03	
Check No.	4410	
Ву:	- de	
F	OR 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.

Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TY	PED OR PRINTED IN BLAC					
1. ID No.	2. Exact name of the limite					
120502	Laurin Enterprises, LL					
3. State of Formation	4. Brief descriptio	n of the character of	the business which is actually c	conducted in Rhode Island	<del></del>	
RHODE ISLAND	AUT	o SALV	AGE			
5. Principal office ada	lress		City	State	Zip	
113	FENNER	AVE	MIDDLE	TOWN	R.I 0289	12
6. MAILING ADI	DRESS OF LIMITED L	ABILITY COM	PANY AND NAME OR T	DEPENDE CONTACT	PERSON:	
Contact Name			Contact Title			
CHAR	ES EELIZAB	ETH LA	URIN. OL	NNERS		
Street Address			City	State	Zip	
113	3 PENNER	AVE	· MIDDL	ETOWN 1	CII 102842	_
7. NAME AND AD	DRESS(O): EACH MAN	(CHIPP) (OSTRED):	IMITOROTHABIETTY E	OMPANY HEAPPIN	ABLE	
	FILL IN SPACE	ES BEFORE USIN	G ARRIGINAL CONTRACTOR	eardy expression for	Mail Control of the C	
	ANY MODIFICATIONS TO	MANAGERS REC	URESTAINE OF MEND	MENTA RUKS LEVE 18-12-(a	(0) [76(35)]	10 P. A
Manager Name		e week course	Manager Name			
			•			
Street Address			Street Address	<u> </u>		
01			•			
City	State	Zip	City	State	Zip	
Manager Name						
Trunic Trunc			*Manager Name			
Street Address			Street Address	<del></del>		
			• Bireet Address			
City	State	Zip	City	State	Zip	
		]	•			
8. RESIDENTACE	NT IN RHODE ISLAND:	DO NOT ALTER C	hanges require filling	or Form 642- Rare	e de la companya de	
Agent Name			Address			200 C.
CHARLES LAURIN						
Address			City	-	Zip	
113 FENNER STREET	Т		MIDDLETOWN		02842-	
				<del></del> -	02842-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



9-4-02
File Date
2 4 7
Check No.
<b>a</b>
$B_{\underline{y}}$
FOR SECRETARY OF STATE USE ONLY
TOIL BECKE LAKE OF STATE OSE ONLE

Under penalty of perjury, I declare this report, including any accompa and that all statements contained h	nying schedules and statements,
She was	- 8/2/02
Signature of Authorized Person  CHARLES  Print or Type Name of Authorized Per.	Date 2RIN