

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005 Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

| TORM MUST BE IT                         |                       |                                  |                           |   |                                       |
|---|-----------------------|----------------------------------|---------------------------|---|---------------------------------------|
| 1. Corporate ID No. 58904               | 2. Name of Co         | orporation<br>SK AUTO BODY, INC. |                           |   | · · ·                                 |
|   |                       | A AUTO BODT, INC.                | - 12:                     |   |                                       |
| 3. Sireei Address Princ<br>1828 ELMWOOD |                       |                                  | City .                    | State                                   | Zip                                   |
| h                                       | AVENUE                | 1 10 5 11                        | WARWICK                   | RI                                      | 02888                                 |
| 4. Business Phone No.                   |                       | 5. State of Incorpora            |                           |   | 6. SIC Code                           |
| 4014619888                              |                       | RHODE ISLAI                      | ND                        |   | 8953                                  |
| 7. Brief Description of AUTOMOTIVE REI  |                       | Conducted in Rhode Island        |                           |   |                                       |
| R NARICCIONA                            | INDEESES OF THE C     | VERTEDS AND BANK PAR             | ATTACHMENT)   FILL IN     |   | un estado a                           |
| President Name                          | portsata or titra     | TITLERS LA BUATUR.               | Vice President Name       | SUTCES BELOKE ESIZE A                   | LIACHMENIS                            |
| Mark E. Eato                            | n                     |                                  | · Lori A. Eaton           |   |                                       |
| Street Address                          | <del></del>           | <del></del>                      | Strees Address            |   |                                       |
| 1 Orms Street                           | t                     |                                  | · same                    |   |                                       |
| City                                    | State                 | Zip                              | City                      | State                                   | Zip                                   |
| Warwick                                 | RI                    | 02886                            | ,                         | 15.5.1                                  |                                       |
| Secretary Name                          |                       |                                  | Treasurer Name            |   | <b>. )</b>                            |
| Lori A. Eator                           | ו                     |                                  | Mark E. Eaton             |   |                                       |
| Street Address                          |                       | <del></del>                      | Street Address            |   |                                       |
| same                                    |                       |                                  | .same                     |   |                                       |
| City                                    | State                 | Zıp                              | *Cin                      | State                                   | 7:-                                   |
| 0,                                      | 3.01                  | Δρ                               |                           | State                                   | Zip                                   |
| 9 NAMES AND A                           | DDRESSES OF THE D     | IDECTORS OF POLICO               | RATTACHMENT, TELL         | > > C + C + C + C + C + C + C + C + C + | ATTI CHI CONTO                        |
| Director Name                           | DOKESSES OF THE D     | THE C. PORS [ A BOX POS          | Director Name             | A SURLES BLIORE (2) 20                  | VEIACHNEN IS                          |
| Mark E. Eator                           | า                     |                                  | Lori A. Eaton             |   |                                       |
| Street Address                          | ·                     | <del></del>                      | · Street Address          | ····                                    |                                       |
| same                                    |                       |                                  |                           |   |                                       |
|   | 10:                   | Ta:                              | same                      |   |                                       |
| City                                    | State                 | Zip                              | ·Ciŋ·                     | State                                   | Zip                                   |
| Director Name                           | J                     |                                  |                           |   | J <i></i>                             |
| None                                    |                       |                                  | · Director Name<br>None   |   |                                       |
| Street Address                          | <u> </u>              |                                  | <u>`</u>                  |   |                                       |
| Sireel Address                          |                       |                                  | ·Sireei Address           |   |                                       |
| City                                    | State                 | Zip                              | .Ciny                     | State                                   | Zip                                   |
|   |                       |                                  | •                         |   |                                       |
| 10. SHARES AUTH                         | ORIZED ("X" BOX FO    | OR ATTACHMENT)                   | 11. SHARES ISSUED (       | "X" BOX FOR ATTICHMEN                   | an 🗂                                  |
| AUTHORIZED SHARE                        |                       |                                  | ISSUED SHARES             |   | .,,                                   |
| Number of Shares                        | Class/Series          | Par Value                        | Number of Shares          | Class/Series                            | Par Value                             |
| 600 NO PAR VAL                          | -UE                   | -                                | 600                       | Common                                  | No Par Value                          |
|   |                       |                                  |                           |   |                                       |
|   |                       |                                  |                           |   |                                       |
| This report must be                     | e signed in ink by ei | ther the President, Vice         | President, Secretary, As. | sistant Secretary, Treasi               | urer, Receiver or Trustee             |
|   |                       |                                  | •                         | ,                                       |                                       |
| E1 61181                                | 18116 18111 AA111 A18 |                                  |                           |   |                                       |
|   |                       |                                  |                           |   |                                       |
|   |                       |                                  |                           |   |                                       |
| 5                                       | 8 9 0 4               |                                  |                           | erjury. I declare and affirm            |                                       |
|   |                       | ·                                | this report, includi      | ng any accompanying sched               | lules and statements.                 |
| *58904 DBC 01/                          | 05/05 12:46:04 PM*    |                                  | and that all statem       | ents contained herein are tru           | e and correct.                        |
| File Date 29                            | 105                   |                                  | Mak                       | 8 8000                                  | 1-3/-05                               |
| · · · · · ·                             | ,                     | <del></del>                      | Signature of Contract     | <u>cum</u>                              | · · · · · · · · · · · · · · · · · · · |
| ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~               | - I                   | 1                                | Signature of Officer      |   | Date                                  |



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

| (FORM MUST BE TYPE  1. Corporate ID No.  | 2. Name of Corp.                        |   |  |   |   |  |
|--|---|---|--|---|---|--|
| 58904                                    |   | AUTO BODY, INC.                         |  | ermanistic eggs og ennmenterenensemme   |   |  |
| 3. Street Address Principal 1828 ELMWOOD |   |   | City<br>WARWICK                            | State<br>RI                             | Zm                                      |  |
| 4. Business Phone No.                    | AVENUE                                  | 5. State of Incorporation               | WARWICK                                    |   | 02888<br>6. SJC Code                    |  |
| 4014619888                               |   | RHODE ISLAND                            |  |   | 8953                                    |  |
| 7. Brief Description of th               | e Character of Business Co              |   |  |   | ,                                       |  |
| AUTOMOTIVE REPA                          | •                                       |   |  |   |   |  |
| E NAMESAND AD                            | dresses of the of                       | EICTHS T'X*BOX FOR ATT.                 | <i>(CHMENT)</i> 🗆 VILL IN S                | PACES BEFORE USINGAI                    | TACHMENIX                               |  |
| President Name                           |   |   | Vice President Name                        |   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |
| Mark E. Eaton<br>Sweet Address           |   |   | Lori A. Eaton                              |   |   |  |
| 1 Orms Street                            |   |   | Street Address  1 Orms Street              |   |   |  |
| City                                     | { State                                 | Zıp                                     | City                                       | State                                   | Zip                                     |  |
| Warwick                                  | RI                                      | 02886                                   | - Warwick                                  | RI                                      | 02886                                   |  |
| Secrétary Name                           |   |   | Treasurer Name                             |   |   |  |
| Lori A. Eaton                            |   |   | Mark E. Eaton                              |   | •                                       |  |
| Street Address                           | *************************************** | *************************************** | Street Address                             | *************************************** |   |  |
| Same                                     | *************************               | **************                          | ,Same                                      |   |   |  |
| City                                     | State                                   | Zφ                                      | City                                       | State                                   | Zıp                                     |  |
|  |   |   |  |   |   |  |
| Director Name                            |   |   | Director Name                              | SPACES BESTORE OFFICE                   |   |  |
| Mark E. Eaton                            |   |   | Lori A. Eaton                              |   |   |  |
| Street Address                           | **************************************  |   | Street Address                             |   |   |  |
| Same as above                            |   |   | Same as above                              |   |   |  |
| City                                     | State                                   | Zıp                                     | ·City                                      | State                                   | Zıp                                     |  |
|  |   |   | ·<br>```````\`\\\\\\\\\\\\\\\\\\\\\\\\\\\\ |   |   |  |
| Director Name                            |   |   | Director Name                              |   |   |  |
| None                                     |   |   | None  *Street Address                      |   |   |  |
| Street Address                           |   |   | · Sireet Address                           |   |   |  |
| City                                     | Slale                                   | Zip                                     | City                                       | State                                   | Zip                                     |  |
|  | :                                       | :                                       |  |   |   |  |
| 10. SHARRS AUTHO                         | drized ex box <i>fol</i>                | ATTACHMEND 🗆                            | LL SHAKES ISSUED (                         | YT BOX POR ATTACIBARY                   | 77 C                                    |  |
| AUTHORIZED SHARES                        |   | ······································  | ISSUED SHARES                              |   |   |  |
| Number of Shares                         | Class/Series                            | Par Value                               | Number of Shares                           | Class/Series                            | Par Value                               |  |
| 600 NO PAR VALU                          | JE                                      |   | 600  | Common                                  | No Par Value                            |  |
| **********************************       | *************************************** | *************************************** |  | ;<br>                                   |   |  |
|  | •                                       |   | <b>6</b>                                   | :                                       | •                                       |  |
| This report must be                      | signed in ink by eith                   | er the President, Vice Pre              | sident, Secretary, Ass                     | istant Secretary, Treasi                | irer, Receiver or Truste                |  |
|  | <b>G</b>                                | ,                                       | ,,,,,                                      | <i>7</i> ·                              | •                                       |  |
| DI GILEL II                              | OLIG 18614 89314 618                    |   |  |   |   |  |
|  |   |   | •  |   |   |  |
|  |   |   | Hader regulty of a                         | enury, I declare and affirm             | that I have examined                    |  |
| , 0                                      | · • • •                                 |   |  | ng any accompanying sched               |   |  |
| *50004 DBC 02/1                          | 6/04 02:34:38 PM*                       |   |  | ents contained herein are tru           |   |  |
| 267                                      | OF UK OF OF THE                         |   | M- 1                                       | 199-A                                   | 2-21-10                                 |  |
| File Date 5191                           | 4 40.0                                  | 1                                       |  | 1 1 11 11/11/11                         |   |  |

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 <u>2003</u>

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

58904

WARWICK AUTO BODY, INC.

3. Street Address Principal Business Office

1828 Elmwood Avenue

4. Business Phone No.

City

State

RI

ZIp

Warwick

02888 6. SIC Code

**RHODE ISLAND** 

5. State of Incorporation

8953

Automotive Repair

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

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

President Name

Vice President Name

Mark E. Eaton Street Address

Lori A. Eaton

1 Orms Street

State

Zip

Zip

Zip

Same

Zip

Warwick.

Secretary Name

City

RI

02886

Treasurer Name

Street Address

Mark E. Eaton Street Address

Same City

State

Zip

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

Director Name

Street Address

Same

City

Mark E. Eaton

Street Address

Same

City

Director Name

None

Street Address

City

State

State

State

Lori A. Eaton

Lori A. Eaton

Street Address

Director Name

Same

City

7.10

Director Name

None

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares

Class/Serles

Par Value

Date

**600 NO PAR VALUE** 

FOR SECRETARY OF STATE USE ONLY

600

Common

No Par Value

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 hegeln are true and correct.

Signature of Officer

Mark E. Eaton

Print or Type Name of Officer

President

Title of Officer د حتے

Form 630 12/02

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

| PROFIT CORPO   | ORATION A                              | NNUAL REP                              | ORT FOR THE                                   | YEAR 2002             | STOP<br>PLEASUREA<br>INSTRUCTION |
|--|--|--|---|-----------------------|----------------------------------|
| (FORM MUST BE TYPED IN BLAC<br>1. Corporate ID No.<br>58904  | K) 2. Name of Corporation WARWICK AUTO | ) BODY, INC.                           |   |                       |                                  |
| 3. Street Address Principal Business O.                      |  | ,                                      | City  | State                 | Zip                              |
| 1828 Elmwood Aver  | nue                                    | 5. State of Incorporation RHODE ISLAND | Warwick                                       | RI                    | 02888<br>6. SIC Code<br>8953     |
| 7. Brief Description of the Character of                     | f Business Conducted in Rho            | de Island                              |   |                       |                                  |
| Automotive Repair<br>8. NAMES AND ADDRESSI<br>Fresident Name |  | RS ("X" BOX FOR ATTACHN                | GENT) FILL IN SPACES B<br>Vice President Name | EFORE USING ATTACHM   | ENTS                             |
| Mark E. Eaton  |  |  | Lori A. Eaton Street Address                  |                       |                                  |
| 1 Orms Street  | State                                  | Zip                                    | Same  | State                 | Zip                              |
| Warwick<br>Secretary Name                                    | RI.                                    | . 02886                                | Treasurer Name                                |                       |                                  |
| Lori A. Eaton  |  |  | Mark E. Eaton Street Address                  |                       |                                  |
| Same<br>City   | State                                  | Zip                                    | Same  | State                 | Zip                              |
| 9. NAMES AND ADDRESSI  | ES OF THE DIRECTO                      | ORS ("X" BOX FOR ATTAC                 | HMENT) FILL IN SPACES Director Name           | BEFORE USING ATTACH   | MENTS                            |
| Mark E. Eaton  |  |  | Lori A. Eaton Street Address                  |                       |                                  |
| Same<br><sup>City</sup>                                      | State                                  | Zip                                    | Same<br>City                                  | State                 | Zip                              |
| Director Name  |  | ••                                     | Director Name                                 | •                     |                                  |
| None<br>Sueet Address  |  |  | None<br>Succe Address                         |                       |                                  |
| City   | State                                  | Zip                                    | City  | State                 | Zip                              |
| 10. SHARES AUTHORIZED AUTHORIZED SHARES                      | (*X* BOX FOR ATTACHM                   | (ENT)                                  | 11. SHARES ISSUED (*x                         | * BOX FOR ATTACHMENT) |                                  |
| Number of Shares   | Class/Series                           | Pat Value                              | Number of Shares                              | Class/Series          | Par Value                        |
| 600 NO PAR VALUE   |  |  | 600   | Common                | No Par Value                     |

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

Title of Officer

<>> 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 Signature of Officer Mark E. Eaton

Print or Type Name of Officer President

Corporations Division 100 North Main Street, Providence, R1 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 | RF. | TYPED | IN | HL. | ACK) |
|-------|------|-----|-------|----|-----|------|

| I. | Corporate | ID | No. |   |  |
|----|-----------|----|-----|---|--|
|    |           | _  |     | _ |  |

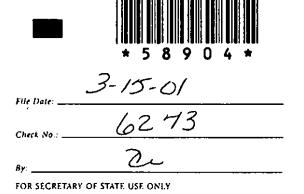
2. Name of Corporation

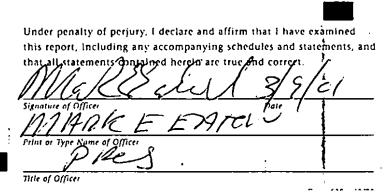
58904

WARWICK AUTO BODY, INC.

| 3. Street Address Principal Business Of Solutions Phone No. Solution of the Character of | 150D) 1.          | 5. State of Incorporation RHODE ISLAND RHODE ISLAND | WARW                                    | Ick State DI              | 6. SIC Code<br>8953 |
|--|-------------------|---|---|---------------------------|---------------------|
| Automotive Repair  |                   |   |   |                           |                     |
| 8. NAMES AND ADDRESSE  | S OF THE OFFI     | CERS ("X" BOX FOR ATTACH                            |   | CES BEFORE USING ATTA     | CHMENTS             |
| President Name  MARK  Street Address   | EATO              | Siv.  | Vice President Name  ON  Street Address | EATON                     | -                   |
| 1 0  | 0 07              |   | JINEEL MOUNTSS                          | nan                       |                     |
| City WARWIO  | State             | 27 0288   | city \( \sum_{\text{city}} \)           | State .                   | Zip                 |
| Secretary Name LORT  | LATO              |   | Treasurer Name MAR                      | K ELDAR                   | 2 ~                 |
| Street Address   | م                 |   | Street Address                          |                           |                     |
| City   | sivis An          | $Q_{zip}$ .   | City                                    | S'Agare                   | Zip                 |
| 9. NAMES AND ADDRESSE Director Name  | S OF THE DIRE     | CTORS (*X* BOX FOR ATTA                             | CHMENT) FILL IN SI<br>Director Name     | PACES BEFORE USING ATT    | CACHMENTS           |
| Mark E. Eaton Street Address   |                   |   | Lori A. Eato                            | n                         |                     |
| Same   |                   |   | Same                                    |                           | •<br>•              |
| 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 ATTA | ICHMENT)  |   | ED ("x" box for attachmen | T)                  |
| AUTHORIZED SHARES Number of Shares   | Class/Series      | Par Value   | ISSUED SHARES Number of Shares          | Class/Series              | Par Value           |
|  | Cinsystries       | tat same  | wanter of Junes                         | Citiss/ Jenes             | t to street         |
| 600 NO PAR VALUE   |                   |   | 600                                     | Common                    | No Par VAl          |

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





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.

2. Name of Corporation

58904

WARWICK AUTO BODY, INC.

3. Street Address Principal Business Office

City

WARWICK

State

Zip

Zip

Zip

1828 ELMWOOD AVENUE 4. Business Phone No.

5. State of Incorporation

RI

02888

RHODE ISLAND

6. SIC Code 8953

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

#### AUTOMOTIVE REPAIR

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

President Name

Vice President Name

MARK E. EATON

Street Address

1 ORMS STREET

City

WARWICK

Secretary Name

LORI A. EATON

Street Address

SAME

State

State

RΪ

Zip 02886

210

Treasurer Name

Street Address

SAME City

MARK E. EATON

LORI A. EATON

Street Address

SAME

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

City

**FILL IN SPACES BEFORE USING ATTACHMENTS** 

State

Director Name

MARK E. EATON

Street Address

SAME

State

Zip

LORI A. EATON

Street Address

SAME

City

State

Zip

**Director Name** Director Name

Street Address

City

State

Zio

City

State

Zip

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

**AUTHORIZED SHARES** 

600 SHS NO PAR VAL

Number of Shares

Class/Series

Par Value

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

ISSUED SHARFS

Street Address

Number of Shares

Class/Series

Par Value

. 600

COMMON

NO PAR VAL

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



File Date: \_

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

MARK E. EATON 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

#### 1999 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

| SI     | OP \           |
|--------|----------------|
| INSTRU | EREAD<br>CHOSS |
|        |                |

| Corporate ID No. 15936                           | 2. Name of Corpor<br>Warwick A | uto Parts, Inc.           |                                    |                             |                            |
|--|--------------------------------|---------------------------|------------------------------------|-----------------------------|----------------------------|
| Street Address Principal Busin                   | ess Office                     |                           | City                               | State                       | zip ——                     |
| 641 Warwick Ave                                  | nue                            |                           | Warwick                            | RI.                         | 02888                      |
| Business Phone No.                               |                                | <sup>5</sup> HHÖDE ISLAN  | D                                  |                             | 6. SIC Code<br><b>3533</b> |
| (401) 781–2525<br>Brief Description of the Chara | cter of Business Conducted     | in Rhode Island           |                                    |                             | -                          |
|  |                                | automotive parts          |                                    |                             |                            |
|  | ESSES OF THE OFF               | ICERS ("X" BOX FOR ATTAC  |                                    | S BEFORE USING ATTA         | CHMENTS                    |
| sident Nanie                                     |                                |                           | Vice President Name Patricia M. Ve |                             |                            |
| Lionel G. Verri<br>et Address                    | er                             |                           | Street Address                     | : [ [ TEI                   |                            |
| One Mill Pond R                                  | load                           |                           | One Mill Pond                      | Road                        |                            |
| r  | State                          | Zip                       | City                               | State                       | Zip                        |
| Exeter   | RI                             | 02822                     | Exeter Treasurer Name              | , RI                        | 02822                      |
| Patricia M. Ver                                  | rier                           |                           | Lionel G. Veri                     | rier                        |                            |
| One Mill Pond R                                  | hen                            |                           | One Mill Pond                      | Road                        |                            |
| one rilli long k                                 | State                          | Zip                       | City                               | State                       | Zip                        |
| Exeter   | RI                             | 02822                     | Exeter                             | RI                          | 02822                      |
|  | essės of the dir               | ECTORS ("X" BOX FOR ATT)  | CHMENT) 🐧 FILL IN SPA              | CES BEFORE USING AT         | TACHMENTS                  |
| ector Name                                       |                                |                           | Director Name                      |                             |                            |
| None<br>ret Address                              |                                |                           | Street Address                     |                             |                            |
|  |                                |                           | · Street Muuress                   | •                           |                            |
| r  | State                          | Zip                       | City                               | State                       | Zip                        |
|  |                                |                           | ·                                  |                             |                            |
| ector Name                                       |                                |                           | Director Name                      |                             |                            |
| eel Address                                      |                                |                           | Street Address                     |                             |                            |
| (( Auuri))                                       |                                |                           | Street Appliess                    |                             |                            |
| <i>y</i>   | State                          | Ζίρ                       | :<br>. City                        | State                       | Zip                        |
| . <b></b>  |                                |                           | <u>.</u>                           |                             | •                          |
| SHARES AUTHORIZ                                  | ED ("X" BOX FOR ALL            | ACHMENT)                  | • ,                                | ("X" BOX FOR ATTACHME       | (7) ()                     |
| DHORIZED SHARES                                  | en ee                          |                           | ISSUED SHARES                      |                             |                            |
| mher of Shares                                   | Glass/Serles                   | Par Value                 | Number of Shares                   | Class/Series<br>•           | Par Value                  |
| 1000 SHS NO PAR                                  | VAL                            |                           | 1000                               | Common                      | No Par Valu                |
|  |                                |                           | <b>‡</b>                           |                             | 1                          |
|  |                                |                           | 1                                  | 1                           |                            |
| is report must be sig                            | med in ink by eit              | her the President, Vice I | resident Secretary As              | sistant Secretary Trea      | surer Receiver or Tri      |
| s report must be sag                             | ,ucu iii iiin o, ch            | ner the resident, vice i  | resident, secretary, ns.           | sistam secretary, mea       | sarci, Receiver of the     |
|  |                                |                           |                                    |                             |                            |
|  |                                |                           |                                    |                             |                            |
|  | 1 5 9 3                        | 6 *                       | Under penalty of p                 | perjury, I declare and affi | rm that I have examined    |
|  |                                |                           |                                    | ing any accompanying sc     |                            |
|  | 1 m. CIC                       | $\gamma_{\ell}$           | that all statements                | contained herein are tru    | e and correct.             |

| File Date:      | Was 17,99        |
|-----------------|------------------|
| Check No.:      | 2397             |
| Ву:             | <b>\$</b> O      |
| FOR SECRETARY C | F STATE USE ONLY |

Funil Selecter Cow 3/18/99

Lionel G. Verrier
Print or Type Name of Officer

Title of Officer

President

FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-[335

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

| 401-22           | 2-3040        |
|------------------|---------------|
|                  |               |
| ST               | 0P <i>\</i> 1 |
| PHASI<br>INSTREE | RF VID        |
| INSTRUC          | HOSS          |
|                  |               |

| Filing Period: Januar)                          |                                | filing Fec: \$50.00                                 |                                       |                         | INSTRUCT   |
|---|--------------------------------|---|---------------------------------------|-------------------------|--|
| FORM MUST BE TYPED IN BL.)  1. Corporate ID No. |                                | 1.0 <del>1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.</del> |                                       |                         |  |
| 58904   | 2. Name of Corpor<br>WARWICK   | AUTO BODY, INC.                                     |                                       |                         |  |
| Street Address Principal Business               | Office                         |   | City                                  | State                   | Zip  |
| 1828 Elmwood Av Business Phone No.              | enue                           | 5. State of Incorporation RHODE ISLAND              | Warwick<br>O                          | · RI                    | · , 9,28,88<br><b>8953</b>                       |
| Brief Description of the Characte               | r of Business Conducted        | in Rhode Island                                     |                                       |                         | <u> </u>   |
| Automotive r                                    | epair                          |   |                                       |                         |  |
| NAMES AND ADDRES                                | SES OF THE OFF                 | ICERS ('X' BOX FOR ATTACE                           | MENT) ( FILL IN SPACES B              | EFORE USING ATTAC       | CHMENTS  |
| Mark E. Eaton                                   |                                |   | Lori A. Eaton Street Address          |                         | . –  |
| 1 Orms Street                                   |                                |   | same                                  |                         |  |
| ty  | State                          | Zip   | City                                  | State                   | * Zip  |
| Warwick   | RI                             | 02886   | Treasurer Name                        | ·                       |  |
| Lori A. Eaton                                   | •                              |   | Mark E. Eaton                         |                         |  |
| reet Address                                    |                                |   | Street Address                        |                         |  |
| Same  |                                |   | same                                  |                         |  |
| ity   | State                          | ZIp   | City                                  | State                   | Zip  |
| 5.655   | بنايا والمسابقة فلوا           | nombrator at the second                             | <u>:</u>                              |                         |  |
| rector Nume                                     | SES OF THE DIK                 | ECTORS ("X" BOX FOR ATTA                            | CHMENT) TILL IN SPACES  Director Name | BEFORE USING ATT        | ACHMENTS   |
| Mark E. Eaton                                   |                                |   | Lori A. Eaton                         |                         | - <del>-</del>                                   |
| same  | State                          | Zip   | same<br>City                          | State                   | Zip  |
| tector Name                                     | • • . • •                      |   | Director Name                         |                         |  |
|   |                                |   |                                       |                         |  |
| reel Address                                    | _                              | ·   | Street Address                        |                         | <del>-</del>                                     |
| ity   | State                          | Zip   | City                                  | State                   | Zip  |
| CHARLE AITHOUSE                                 | D                              |   | i citable tections                    | <u> </u>                |  |
| D. SHARES AUTHORIZE THORIZED SHARES             | D CA' BOX FOR ATT              | ACHMENT)  | 11. SHARES ISSUED (*x                 | * BOX FOR ATTACHMEN     | ĎΩ   |
| unber of Shares                                 | Class/Seiles                   | Par Value   | Number of Shares                      | Class/Series            | 1<br>Par Value                                   |
|   |                                |   |                                       | 1                       | -  |
| 600 SHS NO PAR VA                               | AL.                            |   | 600                                   | common                  | ; no par val                                     |
|   |                                |   |                                       |                         |  |
| - <del> </del>                                  |                                |   | <u> </u>                              | i                       |  |
| ils report must be sign                         | ed in ink by eit               | her the President, Vice P                           | resident, Secretary, Assist           | tant Secretary, Treas   | urer, Receiver or Tru                            |
| 81 9  | BII 81 1811   1811   1811   18 |   |                                       |                         |  |
|   |                                |   |                                       |                         |  |
|   |                                |   | 11-4                                  | dealess and affice      |  |
| •   | , , , , , ,                    | , <del>"</del>                                      |                                       |                         | n that I have examined<br>edules and statements, |
|   | 5211 F                         |   |                                       | ntained herein are true |  |
| File Date:                                      | FILED                          |   | ma D (                                | 10-1                    | <b>n</b> =00=05                                  |
|   | MAD A 2 4000                   | <del></del>   | 1111ax C                              | (ale)                   | クンタフィ  |
| Theck No.:                                      | MAR 0 3 1999                   | <u></u>   | Signature of Officer                  | <b>O</b>                | Date   |
| Ev  | 219498                         | •   | Mark E. Eato                          |                         | <u>.</u>   |
| Ey  | 217710                         | <del></del>   | Print or Type Name of Office          |                         |  |

President

Title of Officer



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

| FORM MUST BE TYPED IN BL                           | ACK)                |                                    |                              |                      |                     |
|--|---------------------|------------------------------------|------------------------------|----------------------|---------------------|
| Carporate ID No. 58904                             | 2. Name of Corpor   | AUTO BODY, INC.                    |                              |                      |                     |
| 30004<br>Street Address Principal Busines          |                     | ACTO BODT, INC.                    | City-                        | State                | Zip                 |
| 1828 Elmwood Ave                                   |                     |                                    | Warwick                      | RI                   | 02888               |
| . Business Phone No.<br>401–461–9888               |                     | 5. State of Incorporate RHODE ISLA | ion                          |                      | 6. SIC Code<br>8953 |
| Brief Description of the Charact Automotive Repair |                     | in Rhode Islahd                    |                              |                      |                     |
| . NAMES AND ADDRE                                  | SSES OF THE OFF     | ICERS ("X" BOX FOR AT              | TACHMENT)                    | • •                  |                     |
| resident Name                                      |                     |                                    | Vice President Name          |                      |                     |
| Mark E. Eaton                                      |                     |                                    | Lori A. Eaton                |                      |                     |
| treet Address                                      |                     |                                    | Street Address               |                      |                     |
| 1 Orms Street                                      |                     |                                    | 1 Orms Street                |                      |                     |
| Warwick  | State<br>RI         | zıp<br>02886                       | chy<br>Warwick               | State<br>RI          | 7.ip<br>02886       |
| ecretary Name  Yort E. Eaton                       | •                   | •                                  | Treasurer Name Mark A. Eaton | ** ******            |                     |
| treet Address<br>Same                              |                     |                                    | Street Address Same          |                      |                     |
| ity  | State               | Zip                                | City                         | State                | Zip                 |
| . NAMES AND ADDRE                                  | SSES OF THE DID     | ECTORS (*Y* BOY EOR                | ATTACHMENT)                  |                      |                     |
| liector Name                                       | 331.3 01 1111 1711  | ECTORS ( A DOATOR)                 | - Director Name              |                      | -                   |
| Mark E. Eaton                                      |                     |                                    | Lori A. Eaton                |                      |                     |
| treet Address                                      |                     |                                    | Street Address               |                      |                     |
| same   |                     |                                    | same                         |                      |                     |
| ity  | State               | Zip                                | City                         | State                | Zip                 |
| litector Name                                      |                     |                                    | Director Name                |                      | • • • • • •         |
| treet Address                                      |                     |                                    | Street Address               |                      |                     |
| ity  | State               | ZIp<br>-                           | City                         | State                | Zip                 |
| D. SHARES AUTHORIZE                                | ED ("X" BOX FOR ATT | TACHMENT)                          | 11. SHARES ISSUED (*x        | * BOX FOR ATTACHMENT | <b>,</b>            |
| umber of Shares                                    | Class/Series        | Par Value                          | Number of Shares             | Class/Series         | Par Value           |
| 600 SHS NO PAR V                                   | AL                  |                                    | 600                          | Common               | No Par              |

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

|                | <b>                                   </b> | 9 0 4 (* |
|----------------|--|----------|
| File Date:     | 3 73 98                                    |          |
| Check No.: _   | -900<br>NP                                 | -/-(X)   |
| By: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.

Signature of Officer

Mark E. Eaton

Print or Type Name of Officer President

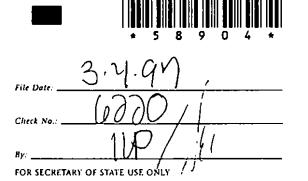
Title of Officer



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

| Filing Period: January 1                                 |   |                           | EFURI 1997                     |              | PLEASE REA<br>INSTRUCTIO<br>BLIORE |
|--|---|---------------------------|--------------------------------|--------------|------------------------------------|
| (FORM MUST BE TYPED IN BLAC                              |   |                           |                                |              | COMPLETIN<br>THIS FORM             |
| 1. Corporate ID No. 58904                                | 2. Name of Corporation WARWICK AU       | TO BODY, INC.             |                                |              |                                    |
| 3. Street Address Principal Business O<br>1828 Elmwood A |   |                           | <sup>CHy</sup> Warwick         | State<br>RI  | 02888                              |
| 4. Rusiness Phone No.                                    |   | S. State of Incorporation |                                |              | 6. SIC Code                        |
| 401-461-9888<br>7. Brief Description of the Character o  | f Business Conducted in Rho             | RHODE ISLANI<br>de Island | 0                              |              | 8953                               |
| Automotive Rep. 8. NAMES AND ADDRESS. President Name     | • | S (*X* BOX FOR ATTACH)    | MENT)<br>: Vice President Name |              |                                    |
| Mark E. Eaton Street Address                             |   |                           | Lori A. Eaton                  |              |                                    |
| 1 Orms Street  | State                                   | Zip                       | 1 Orms Street                  | State        | Zip                                |
| Warwick<br>Secretary Norme                               | RI,                                     | 02886                     | Warwick<br>Treasurer Name      | <u>RI</u>    | 02886                              |
| Lori A. Eaton  |   |                           | Mark E. Eaton Suren Address    |              |                                    |
| 10 Orms Street   | State                                   | Zip                       | 1 Orms Street                  | State        | Zip                                |
| Warwick  | RI                                      | 02886                     | Warwick                        | RI           | 02886                              |
| 9. NAMES AND ADDRESS<br>Director Name                    | ÉS OF THE DIRECTO                       | ORS ("X" BOX FOR ATTAC    | HMENT) Director Name           |              |                                    |
| Mark E. Eaton Street Address                             |   |                           | Lori A. Eaton                  |              |                                    |
| 1 : Orms Street  | State                                   | Zip                       | 1 Orms Street                  | State        | Zip                                |
| Warwick<br>Director Name                                 | RI                                      | 02886                     | Warwick Director Name          | ŖĬ           | 02886                              |
| None<br>Street Address                                   |   |                           | None<br>Street Address         |              |                                    |
| City   | State                                   | Zip                       | City                           | State        | Zip                                |
| 10. SHARES AUTHORIZED AUTHORIZED SHARES                  | AND ISSUED ("X" B                       | OX FOR ATTACHMENT)        | LISSUTED SHARES                |              |                                    |
| Number of Shares   | Class/Series                            | Par Value                 | Number of Shares               | Class/Series | Par Value                          |
| 600 SHS NO PAR VA  | L                                       |                           | 600                            | 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.

Signature of Officer

Mark F. Faton

Mark E. Eaton

Print or Type Name of Officer

President

#### **PROF!T 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

By: .

For Secretary of State Use Only

| · COMPONET ON LITE  | To water or occordance |                          | PRINT IN BLACK INK.   |  | <del></del>   |
|---|------------------------|--------------------------|---|--|---|
| 1, CORPORATE ID NO.   | 2. NAME OF CORPORATIO  |                          |   |  |   |
| 58904 3. STREET ADDRESS PRINCIPAL BUSI  |                        | ICK AUTO BODY, I         | NC.   | ISTATE   | I ZIP COOE  |
| 1828 Elmwoo   | ·                      |                          | Warwick   | RI   | 02888   |
| BUSTITESS PHORTE NO.  |                        | S STATE OF INCORPORATION | CLAND   | <del></del>  | 6. SIC COOE   |
| RHODE IS:  461-9888 7. BREEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED BY RHODE ISLAND |                        |                          |   |  | 8953  |
| Auto repair   |                        |                          |   |  |   |
| PRESIDENT NAME  | 8 . N                  | AMES AND ADDE            | RESSES OF THE OF  | FICERS   |   |
| Mark-EEat   | on                     |                          | Jori - A Eato   | n  | · · · · · · · · · · · · · · · · · · ·   |
| 10 Orms Str   | eet                    |                          | same  |  |   |
| Warwick   | STATE<br>RI            | 20° C00€<br>02886        | άῖΥ   | STATE  | 73P C005  |
| ECRETARY NAME   |                        | ) 02000                  | TREASURER NAME  |  |   |
| Lori A. Eat   | on                     |                          | Mark. E. Eat  | on   |   |
| SATTICE   |                        |                          | STREET ADDRESS<br>Same                                      |  |   |
| OTTY SALTICE  | STATE                  | ZIP CODE                 | CITY  | STATE  | <i>I</i> JP C00€  |
|   |                        |                          | J   |  |   |
| IRECTOR NAME  | 9 . N                  | AMES AND ADDR            | LESSES OF THE DI  | RECTORS  |   |
| Mark E. Eat   | on                     |                          | Lori A. Eato  | n  |   |
| TREET ADDRESS   |                        |                          | STREET ADORESS  |  |   |
| same<br>in  | STATE                  | 73P C00€                 | same  | STATE  | 73P C010E   |
|   |                        |                          | <b>J</b>  |  |   |
| IRECTOR NAME  |                        |                          | DIRECTOR NAME   |  |   |
| TREET ADDRESS   | <del></del>            |                          | STREET ADORESS  |  | ······································  |
|   |                        |                          |   |  |   |
| אוו   | STATE                  | ZP C00E                  | an  | STATE  | ZIP COME  |
| <del></del>   | 10.                    | SHARES AUTHOR            | IZED AND ISSUED   |  |   |
|   | AUTHORIZED SHARES      | STARES AUTHOR            | 1   | ISSUED SHARES  | - 2   |
| NUMBER OF SHARES  | CLASS / SERVES         | PAR VALUE                | MUMBER OF SHARES  | CLASS / SERIES   | PAR VALUE   |
| 600 SHS   | NO PAR VAL             | ·                        | 600   | com  | no par  |
| <del></del>   |                        |                          |   | <u> </u>   | †   |
|   | <del> </del>           |                          |   | <b></b>  | <b></b>   |
|   |                        |                          |   |  |   |
| ,   |                        |                          | <u> </u>  |  | <u>_1</u>   |
|   |                        |                          | <b>GNED IN INK</b> by either the stant Secretary, Treasurer |  |   |
|   | riesident, vice ries   | ident, Secretary, Assis  | •   |  | -   |
|   |                        |                          | report, including   | of perjury, I declare and a<br>any accompanying school<br>ontained herein are true | affirm that I have examined t<br>edules and statements, and t<br>and correct. |
| . 21.   | 1/119C                 |                          | Mal   | 2 Veston   | ~   |
| File Date: .  | 30196                  |                          | Signature of Offi   | icer   |   |
| Check No:   | 105                    | :                        | Mark E. E   | aton, Pres., 2/  | 15/96   |
| . CHECK NO.   | . <del>-</del>         | •                        | Print or Type Na  | me of Officer  |   |

State of Rhode Island and Providence Plantations Office of the Secretary of State 100 NORTH MAIN STREET

PROVIDENCE, RHODE ISLAND 02903-1335; tel: 401-277-3040

ANNUAL REPORT

Filing Fee: \$ 50.00

Payable to: Secretary of State

Please Type or Print

Annual Report for the year:

1995

CORPORATE ID: 0058904

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

| Name of Business Entity: V Business entity organized under the laws of th Federal Taxpayer Identification Number. | e State of: RI<br>- 0451741 | Business I _XX_ Bus Profe | Entity (check one):<br>iness Corporation (see RIC<br>essional Service Corporation | on (see RIGI. | Chapter 7-5.1)     |            |
|---|-----------------------------|---------------------------|---|---------------|--------------------|------------|
| Phone ( )   |                             |                           | nent of the character of building & REPAIRING AUTO.                               |               | ied in Rhode Islai | Ad         |
| Address and telephone of the principal office of 1828 ATWOOD AVE., WA   |                             |                           | et address-Not PO Box)  |               |                    |            |
| Phone: (401)-461-9888   | ticore, ici e               | 2000                      |   |               |                    |            |
| ,   |                             |                           | THE OFFICERS  |               | enc.               | - WII CODE |
| MARK E. EATON, 10 OR I CHIEF OPERATING OFFICER OR [X]VI   |                             | WARW                      | TREET ADDRESS<br>/ICK, RI 02886<br>FREET ADDRESS                                  | CITY/STA      |                    | ZIP CODE   |
| LORI A. EATON, SAME   | CRETARY                     | ST                        | REET ADDRESS  | CITY/STA      | TE                 | ZIP CODE   |
| LORI A. EATON, SAME () CHIEF FINANCIAL OFFICER OR (X)TR   | EASURER                     | ST                        | REET ADDRESS  | CITY/ST       | ATE                | ZIP CODE   |
| MARK E. EATON, SAME   | •                           |                           |   |               |                    |            |
|   | THE NAI                     | MFS OF                    | THE DIRECTOR  | S ARE.        |                    |            |
| NAME  | STREET 7                    | ADDRESS                   | CHY/SIAI  |               | P CODE             |            |
| MARK E. EATON, SAME   | STREET A                    | ADDRESS                   | CITY/STAT   | E 2J          | P CODE             | ,          |
| LORI A. EATON, SAME   | STREET /                    | ADDRESS                   | CIYT/STAT   | E ZI          | P CODE             |            |
| NUMBER OF SHARES AUTHORIZED (IF A   |                             |                           |   |               | UTHORIZED          | EDYCA      |
| NUMBER OF SHARES 600 Authorized.  | CLASS/SERIES                |                           | NUMBER OF SH  | 600           | CLASS/S            |            |
| OOU HAINERES.   | COMMON                      |                           | COMMON  | 000           | I SS UE            | •          |
|   | NO PAR VALUI                | E                         | NO PAR VALUE  |               | NO PAR             |            |
| DATE: 3/8 . 19 9/5  | <i>-</i>                    | BY: OY                    | Mark &<br>K.E. EATON  | Le Ce         | ton                |            |
|   |                             | PRESIDE                   | TYPE NAME OF OFFICE<br>TO OFFICER SIGNING   | CER SIGNING   | 3                  |            |
| FORM 31 1/95  |                             |                           |   | <del> </del>  |                    |            |
| PLEASE NOTE: IF THE CORPORATION I   |                             |                           | OR SERVICE OF PROCE<br>OFFICE OR RESIDENT   |               | RM 9 MUST BE       | FILED.     |

ROGER COUTU, JR, ESQ., 222 JEFFERSON BOULEVARD, WARWICK, RI 02888

FILED

MAR 1 5 1995 By 272 / 04/02

#### Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

| Corporaté ID:  |                       | . Annual Report for t       | he year: <u>1994</u>  |                         |
|--|-----------------------|-----------------------------|---|-------------------------|
| Name of Business Entity:WARWICK_AUTO   | BODY, INC.            |                             |   |                         |
| Business entity organized under the laws of the State of:  | Rhode Island          | Business Entity i           | s (check one)   | <u> </u>                |
| For foreign entity, address and telephone number of prince   |                       | [ ] Profe                   | ness Corporation (See RIGL Chap<br>essional Service Corporation (See<br>ted Liability Company (See RIGL | RIGL Chapter 7-5.1)     |
|  |                       | communications              | nailing address of contact person t<br>may be directed:<br>tu, Jr., Attorney                            | o whom                  |
|  | ·                     | 222 Jeffe                   | rson Blvd.  |                         |
| Phone: .( ,)   |                       | Warwick,_                   | R.I. 02888  |                         |
| Address and telephone of the principal office of business Island (Provide street address - Not P.O. Box):  1828 Elmwood Avenue | entity in Rhode       |                             | of the character of business conduction and repairing   | ted in Rhode Island:    |
| Warwick, R.I02888  |                       |                             |   | HE                      |
|  |                       | Date of Organiza            | tion: <u>91/16/99</u> 4   | 9/75                    |
| Phone: (401 ) 461-9888   | ·                     | Date of Qualifica           | ution to do business in Rhode Islan   | id (if foreign entity): |
| CHIEF EXECUTIVE OF LICER OR Z PRESIDENT COVER CHEL   | THE NAMES OF T        | HE OFFICERS AR              | E:  |                         |
| MARK E. FATON  | 10 ORMS S             |                             | CITY/STATE  | ZIPCC                   |
| CHIEF OPERATING DIFFICER OR VK.E. DRESHIP STICKLE ONE  | STRUFTA               |                             | WARWICK, R.I.   | 02880                   |
| CLSTODIAN OF RECORDS OF \$1 SECRETARY (Cred One)   | SAME<br>STREET AL     | 22.1KKI                     | CITY/STATE  |                         |
| COURT CONTROL OFFICER OF TREASURER (CHECK CHECK)   | SAME                  |                             | ÇII DALINI  | 71P CT.                 |
| MARK E. EATON  | SAME                  | DJ×KF22                     | CITY/STÂTE  | 719 CC                  |
| 53w: — — —   | HE NAMES OF T         | HE DIRECTORS A              | RE:   |                         |
| MARK E. EATON  | SAME                  | DORUSS                      | CITYSTATE   | ZIPCI                   |
| IORI A. EATON  | SAME                  | DORESS                      | CILVISTALE  | 7IP ČČ                  |
| NAME.  | STREET A              | DIDRESS                     | CHANG   |                         |
|  |                       | _,                          |   | 2,14((                  |
| NUMBER OF SHARES AUTHORIZED (If Applicable   | e)                    | NUMBER OF SHAL              | RES ISSUED AND OUTSTAND   | ING (If Applicable)     |
| NUMBER 600   |                       | NUMBER                      | 600   |                         |
| CLASS COMMON   |                       | CLASS                       | COMMON  |                         |
| CUDITIC  |                       | CLASS                       | CG-1-D.V  |                         |
| SERIES   |                       | SERIES                      |   |                         |
| PAR VALUE OR WITHOUT PAR NO PAR VALUE  |                       | PAR VALUE OR<br>WITHOUT PAR | NO PAR VALUE  |                         |
|  |                       | ~                           |   |                         |
| Date February 15   | By( <u>/ Y</u>        | 1 bul 22                    | olan  | <del></del>             |
|  | PRINTER               | Mark E. Fato                | on  | ·                       |
|  |                       | President                   |   |                         |
|  | मा। व्य               | THE RECORDS                 |   |                         |
| Fom 31 1/94  |                       |                             |   |                         |
| PLEASE NOTE. If the Corporation has changed its reg  | ERED OR RESID         | ENT AGENT FOR S             | ERVICE OF PROCESS:  |                         |
|  | man arrive androi (E) | concrete or resident agen   | t, norm 9 or Form LLC 3 must be   | filed.                  |

ROGER L. COUTU, JR. 222 JEFFERSON BOULEVARD WARNICK RI 02882 FILED

MAR 1 0 1991

By ME59 324

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

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

| Corporate 1D.      | 0058904                       |                   | Annual Report  | for the year          | 1992                                    |
|--------------------|-------------------------------|-------------------|--|-----------------------|---|
| First:             | The name of the corpora       | ition isWARW      | ICK AUTO BODY, INC.                                  |                       |   |
| Second:            | It is incorporated und        | er the laws of    | the State of Rhode 1                                 | Island.               |   |
|                    |                               |                   | to engage in the buucks, etc. and to en              |                       |   |
| of same<br>Fourth: |                               | address of its p  | rincipal office                                      |                       |   |
| <b>Г</b> ІБТН:     | Business address in Rhoo      | de Island 182     | 8 Elmwood Avenue, Wa                                 | arwick, RI (          | 2888.                                   |
| Sіхтн:             | Names and addresses of        | its directors and |  | (A                    | ttach rider if necessary)               |
|                    |                               | Director          |  | ****                  |   |
|                    |                               | Director          |  | ********************* |   |
| •••••              |                               | Director          |  | <                     | *************************************** |
| Mark E. Ea         | ton                           | President         | l Orms Street,                                       | Warwick, RI           | 02886                                   |
| Lori A. Ea         | ton                           | Vice Preside      | ont 1 Orms Street,                                   | Warwick, RI           | 02886                                   |
| Lori A. Ea         | ton                           | Secretary         | 1 Orms Street,                                       | Warwick, RI           | 02886                                   |
| Mark E. Ea         | ton                           | Treasurer         | 1 Orms Street,                                       | Warwick, RI           | 02886                                   |
| SEVENTH:           | Number of Shares au           | thorized:         | ŀ  | on ID or              | Par Value<br>statement that             |
| No of Shar         | res Cla                       | .55               | Series MA  | 14 S O 1883           | par value                               |
| 600                | сот                           | mon               | SEC  | NY 20 1993 THE        | par value                               |
| Еібнтн:            | Number of Shares issue        | ed:               |  |                       | Par Value<br>statement that             |
| No. of Shar        | res Cla                       | SS.               | Series   | Sha                   | res are without<br>par value            |
| 100                | сот                           | nmon              |  | no                    | par value                               |
| Dated Marc         | h 31 1                        | 9 .93. ·          | WARWICK AUTO BODY  Name of Corporation)  Market Call | en Pr                 | es.                                     |
| (Rep               | oort must be signed by an off | icer) <b>T</b>    | itle President & Ti                                  | reasurer              |   |

1455 9Ps.

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 00589                      | )04  | Annual Report fo   | r the year   |
|---|--|--|--|
| First: The name of                      | the corporation is WARWIC  | CK AUTO BODY, INC  | •  |
| SECOND: It is incom                     | orated under the laws of   | Rhode Island   |  |
| acquiring, Owning etc. trucks, auto     | business briefly stated is Teasing, selling omobiles, new and/   | o engage in the b<br>, etc. dealing in<br>or used, trucks e<br>body repair shop, | usiness of purchasing,<br>, repairing, servicing<br>tc. dealing in all types<br>etc. |
| FOURTH: If foreign                      | corporation, address of its pri                                  | incipal office   |  |
| *************************************** | 182  | 8 Elmwood Avenue,  | Warwick, RI 02886  |
| losco mail Annual                       | ress in Rhode Island<br>Reports to: GREGO<br>Road, Warwick, RI O | RY A. MADUIAN, ES  | Q., Summit West, Suite 3   |
| Sixth: Names and a                      | addresses of its directors and                                   | officers:<br>Address (inclu  | (Attach rider if necessary)  |
| None                                    | Director   | ***************************************  | ***************************************  |
| ,                                       | Director   | •••••••  |  |
|   | Director   |  | •••••••••••••••••••••••••••••••••••••••  |
| Mark E. Eaton                           | President  | 1 Orms Street,   | Warwick, Rhode Island  |
| Lori A. Eaton                           | Vice Preside   | nt Same as above   |  |
| Lori A. Eaton                           | Secretary  | Same as above  |  |
| Mark E. Eaton                           | Treasurer  | Same as above  |  |
| SEVENTH: Number                         | of Shares authorized:  |  | Par Value or statement that shares are without                                       |
| No. of Shares<br>600                    | Common   | Series   | No Par Value   |
| Eighth: Number o                        | f Shares issued:   | Bucia a subset. DEC 3  | Par Value or statement that shares are without                                       |
| No. of Shares                           | Class  | Series   | par varies   |
| 100                                     | Common   |  | No Par Value   |
| Dated December 28                       |  | WARWICK AUTO BODY (Name of Corporation)  Mark Sol                                | , inc.<br>En Ries LUAB Dic   |
| (Report must be                         | signed by an officer)  | Tide President   |  |

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# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID                            | 005830  | τ<br>•.                | Annual                                      | Report for the year                           | r  |
|---|---|------------------------|---|---|--|
| First:                                  | The name of the cor   | poration is            | WARWICK                                     | LAUTO BODY                                    | IM   |
| SECOND                                  | : It is incorporated  | under the laws of      | Rhode Isla                                  | nd  |  |
| trucks                                  | Character of busine<br>lly deal in re<br>, etc. and par<br>dy repair shop | ts or access           | To purchase ovating etc. ories, etc. o      | e, own, leas<br>new and used<br>notor vehicle | ing, etc.and to dautomobiles, etc.                   |
| Fourth                                  | : If foreign corpora  | tion, address of its   | principal office                            | n/a   |  |
|   | Business address in L<br>L ANNUAL REPOR                                   | TS TO: Grego           | ory A. Madoia                               | an, Esq., Sur                                 | ick, RI 02888<br>nmit West - Suite<br>k, RI 02886    |
| Ѕіхти:                                  | Names and addresse  | es of its directors an |   | Address (including number,                    | (Attach rider if necessary)                          |
| None                                    |   | Director               | (**************************************     |   |  |
| *************************************** |   | Director               |   |   |  |
| *****************                       |   | Director               | *************************                   |   |  |
| Mark E                                  | . Eaton   | President              | 1 Orms Str                                  | eet, Warwick                                  | , RI 02886   |
| Lori A                                  | . Eaton   | Vice Presid            | dent 1 Orms S                               | treet, Warwi                                  | ck, RI 02886   |
| Lori A                                  | . Eaton   | Secretary              | 1 Orms S                                    | treet, Warwi                                  | ek, RI 02886   |
| Mark E                                  | . Eaton   | Treasurer              | 1 Orms S                                    | treet, Warwi                                  | ck, RI 02886   |
| Seventi                                 | H: Number of Share  | es authorized:         |   |   | Par Value<br>or statement that                       |
| No. of St                               | nares   | Class                  | Series                                      | 26 1992                                       | shares are without<br>par value                      |
| 600                                     |   | Common                 |   | FEB 20 No                                     | o Par Value  |
| Еіднтн                                  | Number of Shares  | issued:                | Series Rec'd & Filed                        |   | Par Value<br>or statement that<br>shares are without |
| No of Si                                | nares   | Class                  | Series                                      |   | par value  |
| 100                                     |   | Common                 |   | Ne  | o Par Value  |
| Dated 2                                 | 24  | 1992                   | WARWICK AUTO (Name of Corporation) By Miles | o BODY, INC.                                  | \(\)   |
| (H                                      | eport must be signed by   | an officer)            | Title Presiden                              | nt  |  |

Form 31 1/85

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID       | 0058904                                      | Annual Report for the   | year 1991  |
|--------------------|--|---|--|
| FIRST: The name    | of the corporation is                        | WARWICK AUTO BODY   | . INC  |
| SECOND: It is inco | orporated under the laws of                  | Rhode Tsland  |  |
| THIRD: Character   | of business, briefly stated, ist             | he operation of an a  | utomobile body                                       |
| shop and for any   | other lawful purpos<br>renovating etc. all t | es Engage in the bus  | iness of purchasin                                   |
| FOURTH: If foreign | n corporation, address of its prin           | cipal office n/a  | es, etc.   |
|                    | •  | •   |  |
| FIFTH: Business ac | () -   | Elmwood Avenue, Wart<br>doian, Esq., Suite 30<br>Le Road, Warwick, RI | 00 - Summit West                                     |
|                    | d addresses of its directors and o           |   | (Attach rider if necessary)                          |
| Name               | Office                                       | Address (including num  | ther, street, zip code)                              |
| none               | Director                                     |   |  |
|                    | Director                                     |   |  |
|                    | Director                                     |   |  |
| Mark E. Eaton      | President                                    | l Orms Street, Warwi  | ck, RI 02886   |
| Lori A. Eaton      | Vice Presiden                                | 1 Orms Street, Warw   | ick, RI 02886  |
| Lori A. Eaton      | Secretary                                    | same as above   |  |
| Mark E. Eaton      | Treasurer                                    | same as above   |  |
| Seventh: Number    | r of Shares authorized:                      |   | Par Value  |
| No. of Shares      | Class  | Series  | or statement that<br>shares are without<br>par value |
| , 600              | common                                       | PAID  FEB & 6 1991  SEC'Y OF STATE  Series                            | no par value   |
| 000                | Contracti                                    | FEB & B 10-   | no par varue   |
| Eіднтн: Number     | of Shares issued:                            | SEC'Y OF a  | Par Valuc<br>or statement that                       |
| No. of Shares      | Class  | Scries State  | shares are without par value                         |
| 100                | common                                       |   | no par value   |
| Dated              |  | ARWICK AUTO BODY, INCome of Corporation)                              | c. Res   |
| (Report must be    | signed by an officer) Tit                    | le President  |  |