



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

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

1. Corporate ID No. <b>82406</b>		2. Name of Corporation <b>Mulzer's Car Care, Inc.</b>			
3. Street Address Principal Business Office			City	State	Zip
4. Business Phone No. <b>401-295-7040</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>8953</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO PERFORM AUTOMOTIVE REPAIR SERVICES.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>RICHARD W MULZER</b>			Vice President Name <b>RICHARD W MULZER</b>		
Street Address <b>90 BAKER WAY</b>			Street Address <b>SAME</b>		
City <b>N. KINGSTOWN</b>	State <b>RI.</b>	Zip <b>02852</b>	City	State	Zip
Secretary Name <b>RICHARD W MULZER</b>			Treasurer Name <b>RICHARD W MULZER</b>		
Street Address <b>SAME</b>			Street Address <b>SAME</b>		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 \$10.00 PAR VALUE</b>			<b>NONE</b>		

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



File Date 2-10-05  
Check No. 11636  
By: AB  
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.  
Richard W. Mulzer 02-08-05  
Signature of Officer Date  
Richard W. Mulzer  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 82406		2. Name of Corporation Mulzer's Car Care, Inc.			
3. Street Address: Principal Business Office 591 BOSTON NECK ROAD			City N. KINGSTOWN	State RI	Zip 02852
4. Business Phone No. 401-295-7040		5. State of Incorporation RHODE ISLAND			6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM AUTOMOTIVE REPAIR SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RICHARD W MULZER			Vice President Name SAME		
Street Address 90 BAKER WAY			Street Address		
City N. KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	\$10.00 PAR VALUE		NONE		

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



\* 8 2 4 0 6 \*

File Date 2-10-04  
Check No. 1740  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer Richard W. Mulzer Date 02-05-04  
Print or Type Name of Officer RICHARD W MULZER  
Title of Officer PRESIDENT



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **82406** 2. Name of Corporation **Mulzer's Car Care, Inc.**  
3. Street Address Principal Business Office **591 BOSTON NECK ROAD** City **N. Kingstown** State **R.I.** Zip **02852**  
4. Business Phone No. **295-7040** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**AUTOMOTIVE REPAIR AND MAINTENANCE SERVICE**

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

President Name <b>RICHARD W MULZER</b> Street Address <b>90 BAKER WAY</b> City <b>N. Kingstown</b> State <b>R.I.</b> Zip <b>02852</b>	Vice President Name <b>RICHARD W. MULZER</b> Street Address <b>90 BAKER WAY</b> City <b>N.K.</b> State <b>R.I.</b> Zip <b>02852</b>
Secretary Name <b>RICHARD W MULZER</b> Street Address <b>90 BAKER WAY</b> City <b>N.K.</b> State <b>R.I.</b> Zip <b>02852</b>	Treasurer Name <b>RICHARD W. MULZER</b> Street Address <b>90 BAKER WAY</b> City <b>N.K.</b> State <b>R.I.</b> Zip <b>02852</b>

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

Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>	Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>
Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>	Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 \$10.00 PAR VALUE**

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

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

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



\* 8 2 4 0 6 \*

File Date: 1-31-03  
Check No.: 10025  
By: UP

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Richard W. Mulzer 01-31-03  
Signature of Officer Date

RICHARD W MULZER  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **82406** 2. Name of Corporation **Mulzer's Car Care, Inc.**  
 3. Street Address Principal Business Office  
**591 BOSTON NECK ROAD N. KINGSTOWN R.I. 02852**  
 4. Business Phone No. **401-295-7040** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
**Automotive Maintenance and Repair**

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

President Name <b>RICHARD W. MULZER</b>	Vice President Name <b>RICHARD W. MULZER</b>
Street Address <b>90 BAKER WAY</b>	Street Address <b>90 BAKER WAY</b>
City <b>N. KINGSTOWN R.I.</b> Zip <b>02852</b>	City <b>N. K. R.I.</b> Zip <b>02852</b>
Secretary Name <b>RICHARD W. MULZER</b>	Treasurer Name <b>RICHARD W. MULZER</b>
Street Address <b>90 BAKER WAY</b>	Street Address <b>90 BAKER WAY</b>
City <b>N. K. R.I.</b> Zip <b>02852</b>	City <b>N. K. R.I.</b> Zip <b>02852</b>

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

Director Name <b>NONE</b>	Director Name <b>NONE</b>
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1,000		\$10.00 PAR VALUE

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

ISSUED SHARES	Class/Series	Par Value
<b>NONE</b>		

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



\* 8 2 4 0 6 \*

File Date: 1-14-02  
 Check No.: 9145  
 By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Richard W. Mulzer 01-10-02  
 Signature of Officer Date  
RICHARD W. MULZER  
 Print or Type Name of Officer  
PRESIDENT  
 Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporation ID No. <b>82406</b>		2. Name of Corporation <b>MULZER'S CAR CARE INC</b>			
3. Street Address Principal Business Office <b>591 BOSTON NECK ROAD</b>			City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
4. Business Phone No. <b>401-295-7040</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>3558</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>GENERAL AUTO REPAIR &amp; MAINTENANCE</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>RICHARD W. MULZER</b>			Vice President Name <b>SAME AS PRES.</b>		
Street Address <b>90 BAKER WAY</b>			Street Address		
City <b>N. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Secretary Name <b>SAME AS ABOVE</b>			Treasurer Name <b>SAME AS PRES.</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>N/A NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>NONE</b>			Director Name <b>NONE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1000</b>	<b>COMMON</b>	<b>10.00</b>	<b>NONE</b>		

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

File Date: 9-21-01  
 Check No.: 8811  
 By: [Signature]  
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Richard W. Mulzer 09-18-01  
 Signature of Officer Date  
RICHARD W. MULZER  
 Print or Type Name of Officer  
PRESIDENT  
 Title of Officer



**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. **82406** 2. Name of Corporation **Mulzer's Car Care, Inc.**  
3. Street Address Principal Business Office **591 BOSTON NECK ROAD** City **N.K.** State **RI** Zip **02852**  
4. Business Phone No. **401-295-7040** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**GENERAL AUTO REPAIR AND MAINTENANCE**

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

President Name <b>RICHARD W. MULZER</b>	Vice President Name <b>(SAME) RICHARD MULZER</b>
Street Address <b>90 BAKER WAY</b>	Street Address <b>90 BAKER WAY</b>
City <b>N.K.</b> State <b>RI</b> Zip <b>02852</b>	City <b>N.K.</b> State <b>R.I.</b> Zip <b>02852</b>
Secretary Name <b>(SAME) RICHARD MULZER</b>	Treasurer Name
Street Address <b>90 BAKER WAY</b>	Street Address
City <b>N.K.</b> State <b>RI</b> Zip <b>02852</b>	City State Zip

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

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 SHS \$10.00 PAR VAL**

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

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

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



\* 8 2 4 0 6 \*

File Date: 2/14/00  
Check No.: 6756  
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  
Signature of Officer: Richard W. Mulzer Date: 02-11-00  
Print or Type Name of Officer: RICHARD W. MULZER  
Title of Officer: PRESIDENT



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>82406</b>		2. Name of Corporation <b>Mulzer's Car Care, Inc.</b>			
3. Street Address Principal Business Office <b>591 BOSTON NECK ROAD</b>			City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
4. Business Phone No. <b>401-295-7040</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>8953</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>GENERAL AUTO SERVICE AND REPAIR</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>RICHARD W. MULZER</b>			Vice President Name <b>SAME</b>		
Street Address <b>90 BAKER WAY</b>			Street Address		
City <b>N. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Secretary Name <b>SAME</b>			Treasurer Name <b>SAME</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS</b>	<b>\$10.00 PAR VAL</b>		<b>0</b>		

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



File Date: Feb 19, 99

Check No.: 5288

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: Richard W. Mulzer Date: 2-6-99

Print or Type Name of Officer: RICHARD W. MULZER

Title of Officer: PRESIDENT

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>82406</b>		2. Name of Corporation <b>Mulzer's Car Care, Inc.</b>	
3. Street Address Principal Business Office <b>591 Boston Neck Rd.</b>		City <b>N. Kingstown</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 295 - 7040</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>8853</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Automotive Repair</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name <b>Richard W. Mulzer</b>		Vice President Name <b>Same</b>	
Street Address <b>90 Baker Way</b>		Street Address <b>Same</b>	
City <b>N. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Same</b>
Secretary Name <b>Same</b>		Treasurer Name <b>Same</b>	
Street Address <b>Same</b>		Street Address <b>Same</b>	
City <b>Same</b>	State <b>Same</b>	Zip <b>Same</b>	City <b>Same</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name <b>Same</b>		Director Name <b>Same</b>	
Street Address <b>Same</b>		Street Address <b>Same</b>	
City <b>Same</b>	State <b>Same</b>	Zip <b>Same</b>	City <b>Same</b>
Director Name <b>Same</b>		Director Name <b>Same</b>	
Street Address <b>Same</b>		Street Address <b>Same</b>	
City <b>Same</b>	State <b>Same</b>	Zip <b>Same</b>	City <b>Same</b>
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares <b>1,000 SHS \$10.00 PAR VAL</b>	Class/Series	Par Value	Number of Shares <b>NONE</b>
			Class/Series
			Par Value

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



\* 8 2 4 0 6 \*

File Date: 1/21/98  
Check No.: 191394  
By: CD

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.

Richard W. Mulzer 1-8-98  
Signature of Officer Date

Richard W. Mulzer  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82406 2. Name of Corporation Mulzer's Car Care Inc.  
3. Street Address Principal Business Office 591 Boston Neck Road City N. Kingstown State RI Zip 02852  
4. Business Phone No. (401) 295 7040 5. State of Incorporation RI 6. SIC Code 02852

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

Auto Repair Shop

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

President Name <u>Richard W. Mulzer</u> Street Address <u>90 Baker Way</u> City <u>N. Kingstown</u> State <u>RI</u> Zip <u>02852</u>	Vice President Name <u>Richard W. Mulzer</u> Street Address <u>90 Baker Way</u> City <u>N. Kingstown</u> State <u>RI</u> Zip <u>02852</u>
--	---

Secretary Name <u>Richard W. Mulzer</u> Street Address <u>90 Baker Way</u> City <u>N. Kingstown</u> State <u>RI</u> Zip <u>02852</u>	Treasurer Name <u>Richard W. Mulzer</u> Street Address <u>90 Baker Way</u> City <u>N. Kingstown</u> State <u>RI</u> Zip <u>02852</u>
--	--

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

Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip
Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip

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

<b>AUTHORIZED SHARES</b> <input checked="" type="checkbox"/>	<b>ISSUED SHARES</b> <input checked="" type="checkbox"/>
Number of Shares	Number of Shares
<u>1000</u>	<u>NONE</u>
<u>COMMON</u>	
<u>\$10.00</u>	
Class/Series	Class/Series
Par Value	Par Value

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

File Date: 8.18.97  
Check No.: 3599  
By: ICP

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.

Richard W. Mulzer 7-17-97  
Signature of Officer Date  
RICHARD W MULZER  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 82406		2. NAME OF CORPORATION Mulzer's Car Care, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 591 BOSTON NECK ROAD		CITY NORTH KINGSTOWN	STATE RI
		ZIP CODE 02852	
4. BUSINESS PHONE NO. 295-7040		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 8953	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Automobile Repair			

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME RICHARD W MULZER			VICE PRESIDENT NAME NONE		
STREET ADDRESS 90 BAKER WAY			STREET ADDRESS		
CITY N.K.	STATE RI	ZIP CODE 02852	CITY	STATE	ZIP CODE
SECRETARY NAME RICHARD W MULZER			TREASURER NAME RICHARD W MULZER		
STREET ADDRESS 90 BAKER WAY			STREET ADDRESS 90 BAKER WAY		
CITY N.K.	STATE RI	ZIP CODE 02852	CITY N.K.	STATE RI	ZIP CODE 02852

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME NONE			DIRECTOR NAME NONE		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME NONE			DIRECTOR NAME NONE		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS	\$10.00 PAR VAL		NONE		

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.

*Richard W. Mulzer*  
Signature of Officer  
RICHARD W. MULZER  
Print or Type Name of Officer  
PRESIDENT 1-8-96  
Title of Officer Date

File Date: 1/10/96  
Check No: 1615  
By: *[Signature]*  
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