



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 77119		2. Name of Corporation CESAR COSTA'S AUTO SERVICE, INC.			
3. Street Address Principal Business Office 635 Bullocks Point Avenue			City East Providence	State RI	Zip 02915
4. Business Phone No 437-3688		5. State of Incorporation RHODE ISLAND			6. SIC Code 3533
7. Brief Description of the Character of Business Conducted in Rhode Island THE REPAIR, SERVICE AND THE CARE OF AUTOMOBILES AND MOTORVEHICLES REQUIRING MAINTENANCE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS.					
President Name Cesar Costa			Vice President Name Cesar Costa		
Street Address 114 Thurston Street			Street Address 114 Thurston Street		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Secretary Name Cesar Costa			Treasurer Name Cesar Costa		
Street Address 114 Thurston Street			Street Address 114 Thurston Street		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Cesar Costa			Director Name Cesar Costa		
Street Address 114 Thurston Street			Street Address 114 Thurston Street		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Director Name Cesar Costa			Director Name Cesar Costa		
Street Address 114 Thurston Street			Street Address 114 Thurston Street		
City East Providence	State RI	Zip 02915	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
300 COMM NO PAR VALUE			50	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 herein are true and correct.

File Date **FILED**
Check No. **MAR 02 2005 9156**
By **KL**
FOR SECRETARY OF STATE USE ONLY

Signature of Officer Cesar Costa Date 2-10-05
Cesar Costa
Print or Type Name of Officer
President **CESAR COSTA**
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

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3. Street Address Principal Business Office 635 Bullocks Point Avenue			City East Providence	State RI	Zip 02915
4. Business Phone No. 437-3688		5. State of Incorporation RHODE ISLAND		6. SIC Code 3533	
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President Name Cesar Costa			Vice President Name Cesar Costa		
Street Address 114 Thurston Street			Street Address 114 Thurston Street		
City East Prov.	State RI	Zip 02915	City East Prov.	State RI	Zip 02915
Secretary Name Cesar Costa			Treasurer Name Cesar Costa		
Street Address 114 Thurston Street			Street Address 114 Thurston Street		
City East Prov.	State RI	Zip 02915	City East Prov.	State RI	Zip 02915
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Cesar Costa			Director Name		
Street Address 114 Thurston Street			Street Address		
City East Prov.	State RI	Zip 02915	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300 COMM NO PAR VALUE			50	Common	No Par Value

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



File Date 3-8-04
Check No. 7474
By: WP
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.

Cesar Costa 2/10/04
Signature of Officer Date
Cesar Costa
Print or Type Name of Officer
President
Cesar Costa
Title of Officer



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. **77119** 2. Name of Corporation **CESAR COSTA'S AUTO SERVICE, INC.**
3. Street Address Principal Business Office **635 Bullocks Point Avenue** City **East Providence** State **RI** Zip **02915**
4. Business Phone No. **437-3688** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3533**

7. Brief Description of the Character of Business Conducted in Rhode Island
Repairs, service and care of automobiles and sale of gas.
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Cesar Costa Street Address 114 Thurston Street City East Prov. State RI Zip 02915	Vice President Name Cesar Costa Street Address 114 Thurston Street City East Prov. State RI Zip 02915
Secretary Name Cesar Costa Street Address 114 Thurston Street City East Prov. State RI Zip 02915	Treasurer Name Cesar Costa Street Address 114 Thurston Street City East Prov. State RI Zip 02915

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
Director Name Cesar Costa Street Address 114 Thurston Street City East Providence State RI Zip 02915	ISSUED SHARES Number of Shares 50 Class/Series Common Par Value No Par Value

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares **300** Class/Series **COMM** Par Value **NO PAR VALUE**

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



* 7 7 1 1 9 *

File Date: 2-28-03
Check No.: 6703
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.

Cesar Costa 2/4/03
Signature of Officer Date

Cesar Costa
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. **77119** 2. Name of Corporation **CESAR COSTA'S AUTO SERVICE, INC.**
3. Street Address Principal Business Office
635 Bullocks Point Avenue
4. Business Phone No. **437-3688** 5. State of Incorporation **RHODE ISLAND**

City **East Prov.** State **RI** Zip **02915**
6. SIC Code **3533**

7. Brief Description of the Character of Business Conducted in Rhode Island
Repairs, service and care of automobiles and sale of gas.

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

President Name **Cesar Costa**
Street Address **114 Thurston Street**
City **East Prov.** State **RI** Zip **02915**

Vice President Name **Cesar Costa**
Street Address **114 Thurston Street**
City **East Prov.** State **RI** Zip **02915**

Secretary Name **Cesar Costa**
Street Address **114 Thurston Street**
City **East Prov.** State **RI** Zip **02915**

Treasurer Name **Cesar Costa**
Street Address **114 Thurston Street**
City **East Prov.** State **RI** Zip **02915**

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

Director Name **Cesar Costa**
Street Address **114 Thurston Street**
City **East Prov.** State **RI** Zip **02915**

Director Name
Street Address
City State Zip

Street Address
City State Zip

Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
300 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
50 Common No Par Value

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



* 7 7 1 1 9 *

File Date: 3-4-02
Check No.: 5928
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 Cesar Costa Date _____
Print or Type Name of Officer **Cesar Costa**
Title of Officer President [Signature]



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **77119** 2. Name of Corporation **CESAR COSTA'S AUTO SERVICE, INC.**

3. Street Address Principal Business Office **635 Bullocks Point Avenue** City **East Providence** State **RI** Zip **02915**
4. Business Phone No. **437-3688** 5. State of Incorporation **RHODE ISLAND.** 6. SIC Code **3533**

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

Repairs, service and care of automobiles and sale of gas

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

President Name Cesar Costa	Vice President Name Cesar Costa
Street Address 114 Thurston Street	Street Address 114 Thurston Street
City State Zip East Prov. RI 02915	City State Zip East Prov. RI 02915
Secretary Name Cesar Costa	Treasurer Name Cesar Costa
Street Address 114 Thurston Street	Street Address 114 Thurston Street
City State Zip East Prov. RI 02915	City State Zip East Prov. RI 02915

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

Director Name Cesar Costa	Director Name
Street Address 114 Thurston Street	Street Address
City State Zip East Prov. RI 02914	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	Class/Series	Par Value
300 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
50	Common	No Par Value

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



* 7 7 1 1 9 *

File Date: **FILED**

Check No.: **MAR 28 2001**

By: **By 05174**

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.

Cesar Costa 2-13-01
Signature of Officer Date

Cesar Costa
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. **77119** 2. Name of Corporation **CESAR COSTA'S AUTO SERVICE, INC.**

3. Street Address Principal Business Office **635 Bullocks Point Avenue** City **East Prov.** State **RI** Zip **02915**
4. Business Phone No. **437-3688** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3533**

7. Brief Description of the Character of Business Conducted in Rhode Island
Repairs, service and care of automobiles.

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

President Name Cesar Costa Street Address 114 Thurston Street City East Prov. State RI Zip 02915	Vice President Name Cesar Costa Street Address 114 Thurston Street City East Prov. State RI Zip 02915
Secretary Name Cesar Costa Street Address 114 Thurston Street City East Prov. State RI Zip 02915	Treasurer Name Cesar Costa Street Address 114 Thurston Street City East Prov. State RI Zip 02915

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

Director Name Cesar Costa Street Address 114 Thurston Street City East Prov. State RI Zip 02915	Director Name Cesar Costa Street Address 114 Thurston Street City East Prov. State RI Zip 02915
--	--

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

AUTHORIZED SHARES	Class/Series	Par Value
300 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
50	Common	No Par Value

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



* 7 7 1 1 9 *

3/17/00

File Date: 6947

Check No.: 2

By: _____

FOR SECRETARY OF STATE USE ONLY

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

Cesar Costa 2/1/2000
Signature of Officer Date

Cesar Costa
Print or Type Name of Officer

President
Title of Officer



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. **77119** 2. Name of Corporation **CESAR COSTA'S AUTO SERVICE, INC.**
3. Street Address Principal Business Office City State Zip
635 Bullocks Point Avenue East Prov. RI 02915
4. Business Phone No. 433-2437 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3533**

7. Brief Description of the Character of Business Conducted in Rhode Island
Repairs, service and care of automobiles.

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

President Name Cesar Costa Street Address 114 Thurston Street City State Zip East Prov. RI 02915 Secretary Name Cesar Costa Street Address 114 Thurston Street City State Zip East Prov. RI 02915	Vice President Name Cesar Costa Street Address 114 Thurston Street City State Zip East Prov. RI 02915 Treasurer Name Cesar Costa Street Address 114 Thurston Street City State Zip East Prov. RI 02915
--	---

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

Director Name Cesar Costa Street Address 114 Thurston Street City State Zip East Prov. RI 02915	Director Name Street Address City State Zip Director Name Street Address City State Zip
---	--

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	300	COMM NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	50	Common	No Par Value

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



File Date: _____
Check No.: _____
By: *[Signature]*
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 2 1999
[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]
Signature of Officer _____ Date _____
Cesar Costa
Print or Type Name of Officer
President CESAR COSTA
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. **77119** 2. Name of Corporation **CESARS COSTA'S AUTO SERVICE, INC.**
3. Street Address Principal Business Office City State Zip
635 Bullocks Point Avenue East Providence RI 02915
4. Business Phone No. **433-2437** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3533**

7. Brief Description of the Character of Business Conducted in Rhode Island
Repair, service and care of automobiles

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

President Name Cesar Costa	Vice President Name Cesar Costa
Street Address 114 Thurston Street	Street Address 114 Thurston Street
City State Zip East Prov. RI 02915	City State Zip East Prov. RI 02915
Secretary Name Cesar Costa	Treasurer Name Cesar Costa
Street Address 114 Thurston Street	Street Address 114 Thurston Street
City State Zip East Prov. RI 02915	City State Zip East Prov. RI 02915

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

Director Name Cesar Costa	Director Name
Street Address 114 Thurston Street	Street Address
City State Zip East Prov. RI 02915	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300	COMM	NO PAR VALUE	50	Common	No Par Value

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



File Date: 2-28-97
Check No.: 4819
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.

Cesar Costa 2-7-97
Signature of Officer Date
Cesar Costa
Print or Type Name of Officer
President Cesar Costa 2-7-97
Title of Officer

**PROFIT CORPORATION
ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantings
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: 77119
2 NAME OF CORPORATION: CESARS COSTA'S AUTO SERVICE, INC.
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 635 Bullocks Point Avenue
CITY: East Providence STATE: RI ZIP CODE: 02915
4 BUSINESS PHONE NO: 401-433-2437
5 STATE OF INCORPORATION: RHODE ISLAND
6 SIC CODE: 3533

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Repair, service and care of automobiles

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: Cesar Costa
VICE PRESIDENT NAME: Cesar Costa
STREET ADDRESS: 114 Thurston Street
CITY: East Providence STATE: RI ZIP CODE: 02915
SECRETARY NAME: Cesar Costa
TREASURER NAME: Cesar Costa
STREET ADDRESS: 114 Thurston Street
CITY: East Providence STATE: RI ZIP CODE: 02915

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: Cesar Costa
STREET ADDRESS: 114 Thurston Street
CITY: East Providence STATE: RI ZIP CODE: 02915

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
300	COMM NO PAR VALUE		50	Common	no par

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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

File Date:

2/15/96

Signature of Officer

Cesar Costa

Check No:

4180

Print or Type Name of Officer

Cesar Costa

By:

ECV/UP

Title of Officer

President

Date

1/ /96

For Secretary of State Use Only

Title of Officer

Date

DETACH BOTTOM BEFORE RETURNING

FORM 31 1295



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

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

Make Checks Payable to: Secretary of State

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

0077119

1995

Corporate ID: _____ Annual Report for the year: _____

Name of Corporation: _____ CESARS COSTA'S AUTO SERVICE, INC. _____

Business entity organized under the laws of the State of: _____ Rhode Island _____ Business Entity is (check one):

For foreign entity, address and telephone number of principal office: _____ [X] Business Corporation (See RIGL Chapter 7-1.1)
[] Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: (____) _____ Brief statement of the character of business conducted in Rhode Island:

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

635 Bullocks Point Avenue _____

East Providence, RI 02915 _____

Phone: (401) 433-2437 _____

THE NAMES OF THE OFFICERS ARE:

PRESIDENT Cesar Costa 114 Thurston Street, East Providence, RI 02915

VICE PRESIDENT Maria J. Costa 114 Thurston Street, East Providence, RI 02915

SECRETARY Maria J. Costa 114 Thurston Street, East Providence, RI 02915

TREASURER Cesar Costa 114 Thurston Street, East Providence, RI 02915

THE NAMES OF THE DIRECTORS ARE:

NAME Cesar Costa 114 Thurston Street, East Providence, RI 02915

NAME Maria J. Costa 114 Thurston Street, East Providence, RI 02915

NAME _____ STREET ADDRESS _____ CITY/STATE _____ ZIP CODE _____

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

Number of Shares Class / Series Number of Shares Class / Series

300 Common No Par Value

100 Common No Par Value

Date February 28, 1995

By: Cesar Costa

Cesar Costa

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

WILLIAM C. MAAIA
349 WARREN AVENUE
EAST PROVIDENCE RI 02914

PAID

MAR 03 1995

SECRETARY OF STATE

ck. 3566
CS



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. **77119** 2. Name of Corporation **CESAR COSTA'S AUTO SERVICE, INC.**
3. Street Address Principal Business Office **635 Bullocks Point Avenue** City **East Providence** State **RI** Zip **02915**
4. Business Phone No. **433-2437** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3533**
7. Brief Description of the Character of Business Conducted in Rhode Island
Repair, service and care of automobiles

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

President Name Cesar Costa	Vice President Name Cesar Costa
Street Address 114 Thurston Street	Street Address 114 Thurston Street
City State Zip East Prov. RI 02915	City State Zip East Prov. RI 02915
Secretary Name Cesar Costa	Treasurer Name Cesar Costa
Street Address 114 Thurston Street	Street Address 114 Thurston Street
City State Zip East Prov. RI 02915	City State Zip East Prov. RI 02915

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

Director Name Cesar Costa	Director Name
Street Address 114 Thurston Street	Street Address
City State Zip East Prov. RI 02915	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	Class/Series	Par Value
300 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
50	Common	No Par Value

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



File Date: 3.2.98
Check No.: 5504
By: WP
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: Cesar Costa Date: 2-27-98
Print or Type Name of Officer: Cesar Costa
Title of Officer: President CESAR COSTA