STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
77119	CESAR 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.	5. State of Incorporation	6. SIC Code
437-3688	RHODE ISLAND	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)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS.

President Name	Vice President Name
Cesar Costa	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)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Cesar Costa	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
Street Address: 114 Thurston Street	Street Address
City: East Providence, State: RI, Zip: 02915	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

[redacted] [redacted]

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 2-10-05
Signature of Officer *Date*

Cesar Costa
Print or Type Name of Officer

President CESAR COSTA
Title of Officer

[redacted]

File Date FILED
Check No. MAR 02 2005 8156
By: By
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
77119	CESAR 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.	5. State of Incorporation			6. SIC Code
437-3688	RHODE ISLAND			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)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

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

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

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

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

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

Director Name	Street Address	City	State	Zip
Cesar Costa	114 Thurston Street	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

[redacted]

* 7 7 1 1 9 *

File Date	3.8.04
Check No	7474
By:	LP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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

Form 630 Rev. 12/03

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

STOP PLEASE READ INSTRUCTIONS

(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**

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

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
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: 02-28-03

Check No.: 6703

By: dc

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 2/4/03
Signature of Officer *Date*

Cesar Costa
Print or Type Name of Officer

President
Title of Officer

Form 630 12/02

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(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 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:

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

* 7 7 1 1 9 *

File Date: 3.4.02

Check No.: 5928

By: JL

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer *Date*

Cesar Costa
Print or Type Name of Officer

President Cesar Costa
Title of Officer

Form 630 12/01

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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

STOP PLEASE READ INSTRUCTIONS

(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
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*: 02914

Director Name:
Street Address:
City: *State*: *Zip*:

Director Name:
Street Address:
City: *State*: *Zip*:

Director Name:
Street Address:
City: *State*: *Zip*:

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
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.

[redacted] [redacted]

* 7 7 1 1 9 *

File Date: FILED
Check No.: MAR 28 2001
By: By 25174
FOR SECRETARY OF STATE USE ONLY a

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

Form 630 12/00

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 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:
Street Address:
City: State: Zip:

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

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

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
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: 3/17/00

Check No.: 6947

By: a

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/ /2000
Signature of Officer *Date*

Cesar Costa Cesar Costa
Print or Type Name of Officer

President
Title of Officer

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(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.: 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: 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:

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

* 7 7 1 1 9 *

File Date: FILED FEB 2 [illegible]
Check No.:
By:
FOR SECRETARY OF STATE USE ONLY 21828

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
Signature of Officer *Date*

Cesar Costa
Print or Type Name of Officer

President CESAR Costa
Title of Officer

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ~~1998~~

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
77119	CESAR 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.	5. State of Incorporation	6. SIC Code
433-2437	RHODE ISLAND	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	Vice President Name
Cesar Costa	Cesar Costa
Street Address	Street Address
114 Thurston Street	114 Thurston Street
City / State / Zip	City / State / Zip
East Prov. / RI / 02915	East Prov. / RI / 02915
Secretary Name	Treasurer Name
Cesar Costa	Cesar Costa
Street Address	Street Address
114 Thurston Street	114 Thurston Street
City / State / Zip	City / State / Zip
East Prov. / RI / 02915	East Prov. / RI / 02915

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

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

[redacted] * 7 7 1 1 9 *

File Date: 3.2.98

Check No.: SS04

By: WP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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 — 2-27-98
Signature of Officer — *Date*

Cesar Costa
Print or Type Name of Officer

President — CESAR Costa
Title of Officer

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

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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

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: 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: 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)*

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 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

[redacted] *7 7 1 1 9*

File Date: 2-28-97

Check No.: 4819

By: DD

FOR SECRETARY OF STATE USE ONLY

[redacted]

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

Form 31 12/96

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
77119	CESARS COSTA'S AUTO SERVICE, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
635 Bullocks Point Avenue	East Providence	RI	02915

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE
401-433-2437	RHODE ISLAND	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	VICE PRESIDENT NAME
Cesar Costa	Cesar Costa
STREET ADDRESS: 114 Thurston Street	STREET ADDRESS: 114 Thurston Street
CITY: East Providence STATE: RI ZIP CODE: 02915	CITY: East Providence STATE: RI ZIP CODE: 02915
SECRETARY NAME	**TREASURER NAME**
Cesar Costa	Cesar Costa
STREET ADDRESS: 114 Thurston Street	STREET ADDRESS: 114 Thurston Street
CITY: East Providence STATE: RI ZIP CODE: 02915	CITY: East Providence STATE: RI ZIP CODE: 02915

9. NAMES AND ADDRESSES OF THE DIRECTORS

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

Cesar Costa
Signature of Officer

Cesar Costa
Print or Type Name of Officer

President — Title of Officer

1/ /96 — Date

File Date: 2/15/96
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DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95

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

ANNUAL REPORT
Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

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

Corporate ID: 0077119 Annual Report for the year: 1995

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

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

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

Phone: ( )

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

635 Bullocks Point Avenue
East Providence, RI 02915
Phone: (401) 433-2437

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

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

Repair, service and care of automobiles.

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
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:

	STREET ADDRESS	CITY/STATE	ZIP CODE
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

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

WILLIAM C. MAAIA
349 WARREN AVENUE
EAST PROVIDENCE RI 02914

PAID
MAR 0 3 1995
SECRETARY OF STATE

ck. 3566
CA