



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. 67221		2. Name of Corporation AUTOMED AUTO SALES INC.		
3. Street Address Principal Business Office 55 River St.		City East Weymouth	State RI	Zip 02893
4. Business Phone No. 401 828 6720		5. State of Incorporation RHODE ISLAND		6. SIC Code 3335
7. Brief Description of the Character of Business Conducted in Rhode Island PURCHASING, HOLDING AND SELLING OF MOTOR VEHICLES				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name John Deware		Vice President Name Marilyn Deware		
Street Address PO Box 692		Street Address PO Box 692		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI
Secretary Name Jorge Lang.		Treasurer Name John Deware		
Street Address 68 Waynest, Prov. RI		Street Address PO Box 692		
City Prov.	State RI	Zip 02907	City Hope Valley	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name John Deware		Director Name Marilyn Deware		
Street Address PO Box 692		Street Address PO Box 692		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI
Director Name Jorge Lang.		Director Name		
Street Address 68 Wayne St		Street Address		
City Prov.	State RI	Zip 02907	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES Number of Shares		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
1,000		ISSUED SHARES Number of Shares		
Class/Series Par Value		1,000 COMM NO PAR VALUE Class/Series Par Value		
1,000 COMM NO PAR VALUE		: 1000		

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: John Deware Date: 3/1/05
Print or Type Name of Officer: John Deware
Title of Officer: PRESIDENT

FILED
File Date: MAR 22 2005
Check No.: 2725
By: [Signature]
FOR SECRETARY OF STATE USE ONLY



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. 67221		2. Name of Corporation AUTOMED AUTO SALES INC.			
3. Street Address Principal Business Office 55 River St			City W-WARWICK	State RI	Zip 02893
4. Business Phone No 8286220		5. State of Incorporation RHODE ISLAND			6. SIC Code 3335
7. Brief Description of the Character of Business Conducted in Rhode Island PURCHASING, HOLDING AND SELLING OF MOTOR VEHICLES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Deware			Vice President Name Marilyn Deware		
Street Address PO Box 692			Street Address PO Box 692		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Secretary Name Marilyn Deware			Treasurer Name John Deware		
Street Address PO Box 692			Street Address PO Box 692		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input 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 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 COMM NO PAR VALUE		100	100		100

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



* 6 7 2 2 1 *

FILED

File Date: JAN 21 2004
Check No. _____
By: 1910 GMA
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: John Deware Date: 1/15/04
Print or Type Name of Officer: John Deware
Title of Officer: Pres



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. **67221**
2. Name of Corporation **AUTOMED AUTO SALES INC.**
3. Street Address Principal Business Office
55 River St
4. Business Phone No. **401 8286220**
5. State of Incorporation **RHODE ISLAND**

City **West Warwick RI** State **RI** Zip **02873**
6. SIC Code **3335**

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

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

President Name **John Dewarre**
Street Address **PO Box 692**
City **Hope Valley RI** State **RI** Zip **02892**
Secretary Name **Jorge Lang**
Street Address **68 Wayne St**
City **Providence RI** State **RI** Zip **02907**

Vice President Name **Marilyn Dewarre**
Street Address **PO Box 692**
City **Hope Valley RI** State **RI** Zip **02892**
Treasurer Name **John Dewarre**
Street Address **PO Box 692**
City **Hope Valley RI** State **RI** Zip **02832**

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

Director Name **John Dewarre**
Street Address **PO Box 692**
City **Hope Valley RI** State **RI** Zip **02832**
Director Name **Jorge Lang**
Street Address **68 Wayne St**
City **Providence RI** State **RI** Zip **02907**

Director Name **Marilyn Dewarre**
Street Address **PO Box 692**
City **Hope Valley RI** State **RI** Zip **02832**

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

AUTHORIZED SHARES
Number of Shares **1000**
Class/Series **COMM** Par Value **NO PAR**
1,000 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares **1000** Class/Series **COMM** Par Value **NO PAR**

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



* 6 7 2 2 1 *

File Date: **2/4/03**
Check No.: **1608**
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] Date **1/27/03**
Signature of Officer
Print or Type Name of Officer
John Dewarre
Title of Officer
President



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. **67221**
2. Name of Corporation **AUTOMED AUTO SALES INC.**
3. Street Address Principal Business Office
55 River St
4. Business Phone No **401 8286220**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
USED AUTO SALES

City **West Warwick** State **RI** Zip **02843**
6. SIC Code **3335**

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

President Name **John Deware**
Street Address **PO Box 692**
City **Hope Valley** State **RI** Zip **02832**
Secretary Name **Jorge Lang**
Street Address **68 Wayne St.**
City **Providence** State **RI** Zip **02907**

Vice President Name **Marilyn Deware**
Street Address **Box 692**
City **Hope Valley** State **RI** Zip **02832**
Treasurer Name **John Deware**
Street Address **PO Box 692**
City **Hope Valley** State **RI** Zip **02832**

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

Director Name **John Deware**
Street Address **PO Box 692**
City **Hope Valley** State **RI** Zip **02832**
Director Name **Jorge Lang**
Street Address **68 Wayne St**
City **Providence** State **RI** Zip **02907**

Director Name **Marilyn Deware**
Street Address **PO Box 692**
City **Hope Valley** State **RI** Zip **02832**

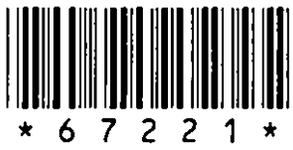
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	1,000	COMM NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	1000	COMM NO PAR.	

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



File Date: 3/14/02
Check No.: 1317
By: GMA

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: [Signature] Date: 1/26/02
Print or Type Name of Officer: John Deware
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 01
Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN BLACK

1. Corporate ID No. 67221	2. Name of Corporation Automated Auto Sales Inc.
3. Street Address Principal Business Office 55 River St.	City West Warwick RI State RI Zip 02893
4. Business Phone No. 401 828 6220	5. State of Incorporation RI 6. SIC Code 3335
7. Brief Description of the Character of Business Conducted in Rhode Island USED AUTO & TRUCK SALES	

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Deware			Vice President Name Marilyn Deware		
Street Address IReise Dr.			Street Address IReise Dr.		
City Hope Valley	State RI	Zip 02893	City Hope Valley	State RI	Zip 02832
Secretary Name Jorge Lang			Treasurer Name John Deware		
Street Address 68 Wayne St.			Street Address IReise Dr.		
City Prov.	State RI	Zip 02907	City Hope Valley	State RI	Zip 02893

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John Deware			Director Name Marilyn Deware		
Street Address IReise Dr.			Street Address IReise Dr.		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
Director Name Jorge Lang			Director Name NONE		
Street Address 68 Wayne St.			Street Address NONE		
City Prov.	State RI	Zip 02907	City	State	Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES Number of Shares 1000			ISSUED SHARES Number of Shares 1000		
Class/Series Comm	Par Value NO PAR		Class/Series Common	Par Value NO PAR	
1000S HS Common NO PAR.					

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

File Date: 6-7-01
1233
Check No.:
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: [Signature] Date: 2/27/01
Print of Name of Officer: John Deware
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 00
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 67221 2. Name of Corporation Automated Auto Sales, Inc.
3. Street Address Principal Business Office 55 River St. City West Warwick State RI Zip 02893
4. Business Phone No. 401 8286220 5. State of Incorporation RI 6. SIC Code 3335
7. Brief Description of the Character of Business Conducted in Rhode Island Auto Sales

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

President Name <u>John Deware</u>	Vice President Name <u>Marilyn Deware</u>
Street Address <u>1 Reese Dr.</u>	Street Address <u>1 Reese Dr.</u>
City <u>Hope Valley</u> State <u>RI</u> Zip <u>02892</u>	City <u>Hope Valley</u> State <u>RI</u> Zip <u>02892</u>
Secretary Name <u>Jorge Inny</u>	Treasurer Name <u>John Deware</u>
Street Address <u>Prov.</u>	Street Address <u>1 Reese Dr.</u>
City <u>Prov.</u> State <u>RI</u> Zip <u></u>	City <u>Hope Valley</u> State <u>RI</u> Zip <u>02892</u>

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

Director Name <u>John Deware</u>	Director Name <u>Marilyn Deware</u>
Street Address <u>1 Reese Dr.</u>	Street Address <u>1 Reese Dr.</u>
City <u>Hope Valley</u> State <u>RI</u> Zip <u>02892</u>	City <u>Hope Valley</u> State <u>RI</u> Zip <u>02892</u>
Director Name <u>Jorge Inny</u>	Director Name <u></u>
Street Address <u>68 Wayne St.</u>	Street Address <u></u>
City <u>PROV</u> State <u>RI</u> Zip <u>02908</u>	City <u></u> State <u></u> Zip <u></u>

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

AUTHORIZED SHARES 1000
Number of Shares Class/Series Comm Par Value NO PAR

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

ISSUED SHARES 100
Number of Shares Class/Series COMM Par Value NO PAR

1000 SHS Common NO PAR.

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

FILED
File Date: FEB 05 2001
Check No.: BY LID 257279
By: _____

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: [Signature] Date: 1/10/01
Print or Type Name of Officer: John Deware
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 99
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 67221 2. Name of Corporation Auto Med Auto Sales INC
3. Street Address Principal Business Office 55 River St. City West Warwick State RI Zip 02893
4. Business Phone No. 401 828-6220 5. State of Incorporation RI 6. SIC Code 3335
7. Brief Description of the Character of Business Conducted in Rhode Island Auto Sales

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

<p>President Name <u>John Deware Jr.</u> Street Address <u>1 Reise Dr.</u> City <u>Richmond</u> State <u>RI</u> Zip <u>02832</u></p>	<p>Vice President Name <u>Anthony Miele</u> Street Address <u>95 Huckleberry Road</u> City <u>N. Kingstown</u> State <u>RI</u> Zip <u>02852</u></p>
<p>Secretary Name <u>Richard Goldenberg</u> Street Address <u>120 South Village Way</u> City <u>Jupiter</u> State <u>FLA</u> Zip <u>3358</u></p>	<p>Treasurer Name <u>SAME AS ABOVE</u> Street Address City _____ State _____ Zip _____</p>

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

<p>Director Name <u>John Deware Jr.</u> Street Address <u>1 Reise Dr.</u> City <u>Hope Valley</u> State <u>RI</u> Zip <u>02832</u></p>	<p>Director Name <u>Anthony Miele</u> Street Address <u>95 Huckleberry Rd</u> City <u>N. Kingstown</u> State <u>RI</u> Zip <u>02852</u></p>
<p>Director Name <u>Richard Goldenberg</u> Street Address <u>120 South Village Way</u> City <u>Jupiter</u> State <u>FLA</u> Zip <u>33458</u></p>	<p>Director Name Street Address City _____ State _____ Zip _____</p>

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

AUTHORIZED SHARES
Number of Shares 1000 Class/Series COMM Par Value NO PAR

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

ISSUED SHARES
Number of Shares 100 Class/Series COMM Par Value NO PAR

1000 SHS COMMON NO PAR.

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

File Date: 7-29-99
Check No.: 7209
By: AIMF

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] 7/29/99
Signature of Officer Date
John Deware Jr.
Print or Type Name of Officer
President
Title of Officer

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. **67221**
2. Name of Corporation **AUTOMED AUTO SALES INC.**
3. Street Address Principal Business Office
55 River St.
4. Business Phone No. **401 8286220**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Auto Sales.

City **West. Warwick** State **RI**
Zip **02893**
6. SIC Code **3335**

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

President Name **John Deware Jr**
Street Address **1 Reese Dr**
City **Richmond** State **RI** Zip **02832**
Secretary Name **Richard Goldenberg**
Street Address **120 South Village Way**
City **Jupiter** State **FLA** Zip **33458**

Vice President Name **Anthony Miele**
Street Address **95 Huckleberry Road**
City **North Kingstown** State **RI** Zip **02852**
Treasurer Name **Anthony Miele**
Street Address **95 Huckleberry Road**
City **N. Kingstown** State **RI** Zip **02852**

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

Director Name **John Deware Jr**
Street Address **1 Reese Dr**
City **Hope Valley** State **RI** Zip **02832**
Director Name **Richard Goldenberg**
Street Address **120 South Village Way**
City **Jupiter** State **FLA** Zip **33458**

Director Name **Anthony Miele**
Street Address **95 Huckleberry Rd.**
City **N. Kingstown** State **RI** Zip **02852**

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

AUTHORIZED SHARES
Number of Shares **1000** Class/Series **Comm.** Par Value **NO PAR**
1,000 SHS COMMON NO PAR

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

ISSUED SHARES
Number of Shares **100** Class/Series **Comm** Par Value **NO PAR**



File Date: **3/4**
Check No.: **2106**
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 **[Signature]** Date **2/24/98**
Print or Type Name of Officer **John Deware Jr.**
Title of Officer **President**



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. **67221** 2. Name of Corporation **AUTUMN AUTO SALES INC.**
3. Street Address Principal Business Office **55 RIVER STREET** City **WEST WARWICK** State **RI** Zip **02893**
4. Business Phone No. **401-828-6220** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3335**
7. Brief Description of the Character of Business Conducted in Rhode Island **USED CAR SALES**

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

President Name RICHARD GOLDBERG Street Address 21398 BRIDGE VIEW DRIVE City BOCA RATON State FL Zip 33428 Secretary Name RICHARD GOLDBERG Street Address 21398 BRIDGE VIEW DR. City BOCA RATON State FL Zip 33428	Vice President Name DONALD BENEDETTO Street Address 111 WESTWOOD DRIVE City EAST GREENWICH State RI Zip 02818 Treasurer Name RICHARD GOLDBERG Street Address 21398 BRIDGE VIEW DR. City BOCA RATON State FL Zip 33428
--	--

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

Director Name RICHARD GOLDBERG Street Address 21398 BRIDGE VIEW DR. City BOCA RATON State FL Zip 33428	Director Name DONALD BENEDETTO Street Address 111 WESTWOOD DR. City EAST GREENWICH State RI Zip 02818
Director Name JOHN DEWANE Street Address 1 REISE DRIVE City HOPE VALLEY State RI Zip 02832	Director Name ANTHONY MIELE Street Address 95 HUCKLEBERRY RD City N. KINGSTOWN State RI Zip 02852

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
1000	COMMON	NO PAR	100	COMMON	NO PAR

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

File Date: 7/14/97
Check No.: 309
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: [Signature] Date: 7/9/97
Print or Type Name of Officer: RICHARD M. GOLDBERG
Title of Officer: President

**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. 67221 2. NAME OF CORPORATION AUTOMED AUTO SALES INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 55 RIVER STREET CITY WEST WARWICK STATE RI ZIP CODE 02893
4. BUSINESS PHONE NO. 828-6220 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 3335

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
USED CAR AUTO SALES

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME RICHARD GOLDENBERG VICE PRESIDENT NAME DONALD BENEDETTO
STREET ADDRESS 264 KENT DR. STREET ADDRESS 111 WESTWOOD DR.
CITY EAST GREENWICH STATE RI ZIP CODE 02818 CITY EAST GREENWICH STATE RI ZIP CODE 02818
SECRETARY NAME RICHARD GOLDENBERG TREASURER NAME RICHARD GOLDENBERG
STREET ADDRESS 264 KENT DR. STREET ADDRESS 264 KENT DR.
CITY EAST GREENWICH STATE RI ZIP CODE 02818 CITY EAST GREENWICH STATE RI ZIP CODE 02818

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME RICHARD GOLDENBERG DIRECTOR NAME DONALD BENEDETTO
STREET ADDRESS 264 KENT DR. STREET ADDRESS 111 WESTWOOD DR.
CITY EAST GREENWICH STATE RI ZIP CODE 02818 CITY EAST GREENWICH STATE RI ZIP CODE 02818
DIRECTOR NAME NONE DIRECTOR NAME NONE
STREET ADDRESS NONE STREET ADDRESS NONE
CITY NONE STATE NONE ZIP CODE NONE CITY NONE STATE NONE ZIP CODE NONE

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 COMMON NO PAR		100	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: 2/6/96
Check No: 266
By: CP

Signature of Officer *[Handwritten Signature]*
Print or Type Name of Officer RICHARD GOLDENBERG
Title of Officer PRESIDENT
Date 2/5/96



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: 0067221 Annual Report for the year: 1995

Name of Corporation: AUTOMED AUTO SALES, INC.
 Business entity organized under the laws of the State of: RHODE ISLAND
 For foreign entity, address and telephone number of principal office:

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

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
 370 SMITH STREET
 NORTH KINGSTOWN, RI 02852
 Phone: (401) 885-2426

Brief statement of the character of business conducted in Rhode Island:
 USED CAR AUTO SALES

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT RICHARD GOLDENBERG	264 KENT DRIVE	EAST GREENWICH, RI	02818
VICE PRESIDENT DONALD BENEDETTO	111 WESTWOOD DRIVE	EAST GREENWICH, R.I.	02818
SECRETARY RICHARD GOLDENBERG	264 KENT DR.	E.G., RI	02818
TREASURER RICHARD GOLDENBERG	264 KENT DR.	E.L., RI	02818

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
RICHARD GOLDENBERG	264 KENT DRIVE	EAST GREENWICH, RI	02818
DONALD BENEDETTO	111 WESTWOOD DRIVE	EAST GREENWICH, RI	02818

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
1000	COMMON	100	COMMON

Date: 2/16/1995 By: RICHARD M. GOLDENBERG
 PRINT OR TYPED NAME OF OFFICER SIGNING
 TITLE OF OFFICER SIGNING: PRESIDENT

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.

RICHARD GOLDENBERG
 264 KENT DRIVE
 EAST GREENWICH, RI 02818

FILED

FEB 21 1995

By: [Signature]
 2/16

Filing Fee \$50.00

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 0067221

Annual Report for the year 1994

FIRST: The name of the corporation is AUTOMED AUTO SALES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Auto Sales

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 264 KENT DRIVE, EAST GREENWICH 02818

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Richard Goldenberg</u>	Director	<u>264 Kent Dr, E.G., R.I. 02818</u>
<u>DONALD BENEDETTO</u>	Director	<u>111 Westwood Dr, E.G., R.I. 02818</u>
	Director	
<u>RICHARD Goldenberg</u>	President	<u>SAME AS ABOVE</u>
<u>Donald Benedetto</u>	Vice President	<u>" " "</u>
<u>Richard Goldenberg</u>	Secretary	<u>" " "</u>
<u>Richard Goldenberg</u>	Treasurer	<u>" " "</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>Common</u>		<u>NO PAR</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>Common</u>	<u>REM 01/1997</u>	<u>NO PAR</u>

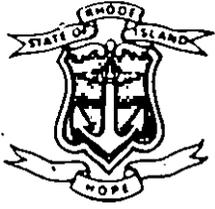
Dated 2/5/94 19 94

Automed Auto Sales, Inc.
(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)



State of Rhode Island and Providence Plantations
 Barbara M. Leonard
 Secretary of State
 100 North Main Street
 Providence, Rhode Island
 02903-1335

SUPPLEMENT TO 1994 ANNUAL REPORT

Corporation Name: AUTOMED AUTO SALES, INC.

Federal Taxpayer Identification Number: [REDACTED]

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

 Phone () _____

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

370 SMITH STREET
NORTH KINGSTOWN, R.I. 02852

 Phone (401) 295-5040

Business entity is (check one):

- () Business Corporation (See RIGL Chapter 7-1.1)
- () Professional Service Corporation (See RIGL Chapter 7-5.1)
- () Limited Liability company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

RICHARD GOODENBERG
PRESIDENT
264 KENT DRIVE
EAST GREENWICH, R.I. 02818

Date of organization: 3/4/92

Date of qualification to do business in Rhode Island (if foreign entity): _____

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

12/1/93

Corporate ID 0067221 Annual Report for the year 1993

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<i>Donald Benedetto</i>	Director	<i>111 Westwood Dr., E.G., R.I 02818</i>
	Director	
<i>Richard Goldenberg</i>	President	<i>264 Kent Dr., E.G., R.I 02818</i>
<i>Donald Benedetto</i>	Vice President	<i>111 Westwood Dr., E.G., R.I 02818</i>
<i>Richard Goldenberg</i>	Secretary	<i>264 Kent Dr., E.G., R.I 02818</i>
<i>Richard Goldenberg</i>	Treasurer	<i>" " " " " "</i>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<i>1000</i>	<i>COMMON</i>		<i>N: PAR</i>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<i>100</i>	<i>COMMON</i>		<i>N: PAR</i>

Dated 2/26/93 19 93

Automed Auto Sales, Inc.
(Name of Corporation)

By *[Signature]*

Title President

(Report must be signed by an officer)