



Office of the Secretary of State

Matthew A. Brown, Secretary of State

Providence, RI 02903-1335  
401.222.3040

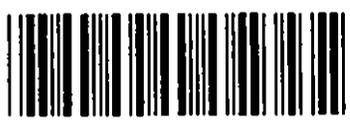
# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>69621</b>		2. Name of Corporation <b>ROUTE 44 AUTO BODY, INC.</b>			
3. Street Address Principal Business Office <b>181 Putnam Ave.</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. Business Phone No. <b>(401) 232-3000</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>OPERATION OF AN AUTO REPAIR/AUTO BODY REPAIR FACILITY WITH ASSOCIATED 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>Michael A. Grieco</b>			Vice President Name		
Street Address <b>181 Putnam Ave.</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
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>	State <b>same</b>	Zip <b>same</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Michael A. Grieco</b>			Director Name		
Street Address <b>181 Putnam Ave.</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	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
<b>8,000 COMM NO PAR VALUE</b>			<b>100</b>	<b>common</b>	<b>no par</b>

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



File Date **FILED**

Check No. **FEB 08 2005**

By: **By [Signature]**  
FOR SECRETARY OF STATE

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

**2/7/05**  
Date

**Michael A. Grieco**  
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 69621		2. Name of Corporation ROUTE 44 AUTO BODY, INC.			
3. Street Address Principal Business Office 177 Putnam Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 231-1118		5. State of Incorporation RHODE ISLAND		6. SIC Code 8953	
7. Brief Description of the Character of Business Conducted in Rhode Island OPERATION OF AN AUTO REPAIR/AUTO BODY REPAIR FACILITY WITH ASSOCIATED SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael A. Grieco			Vice President Name		
Street Address 177 Putnam Ave.			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name same			Treasurer Name Michael A. Grieco		
Street Address same			Street Address 177 Putnam Ave.		
City same	State same	Zip same	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael A. Grieco			Director Name		
Street Address 177 Putnam Ave.			Street Address		
City Johnston	State RI	Zip 02919	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
8,000 COMM NO PAR VALUE			100	common	no par value

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



\* 6 9 6 2 1 \*

File Date 1-27-04  
Check No. 10016  
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] 1/27/04  
Signature of Officer Date  
Michael A. Grieco  
Print or Type Name of Officer  
President  
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. **69621** 2. Name of Corporation **ROUTE 44 AUTO BODY, INC.**

3. Street Address Principal Business Office **177 Putnam avenue** City **Johnston** State **RI** Zip **02919**

4. Business Phone No. **(401) 231-1118** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Operation of an auto repair/auto body repair facility with associated services**

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

President Name <b>Michael A. Grieco</b>	Vice President Name
Street Address <b>177 Putnam Ave./</b>	Street Address
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	City State Zip
Secretary Name <b>same as above</b>	Treasurer Name <b>same as above</b>
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <b>Michael A. Grieco</b>	Director Name
Street Address <b>177 Putnam Avenue</b>	Street Address
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	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
<b>8,000 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>no par</b>

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



\* 6 9 6 2 1 \*

File Date: 4-2-03  
Check No.: 8560  
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.

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

**Michael A. Grieco**  
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. **69621** 2. Name of Corporation **ROUTE 44 AUTO BODY, INC.**  
3. Street Address Principal Business Office **177 Putnam Avenue** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **231-1118** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Operation of an auto repair/auto body repair facility with associated services**

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

President Name <b>Michael A. Grieco</b>	Vice President Name
Street Address <b>177 Putnam Avenue</b>	Street Address
City State Zip <b>Johnston RI 02919</b>	City State Zip
Secretary Name <b>same</b>	Treasurer Name <b>same</b>
Street Address <b>same</b>	Street Address <b>same</b>
City State Zip <b>same same same</b>	City State Zip <b>same same same</b>

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

Director Name <b>Michael A. Grieco</b>	Director Name
Street Address <b>177 Putnam Avenue</b>	Street Address
City State Zip <b>Johnston RI 02919</b>	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
<b>8,000 COMM NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>common</b>	<b>no par</b>

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



\* 6 9 6 2 1 \*

File Date: 3-4-02  
Check No.: 6028  
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] 2/29/02  
Signature of Officer Date

Michael A. Grieco  
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. Corporate ID No. **69621** 2. Name of Corporation **ROUTE 44 AUTO BODY, INC.**

3. Street Address Principal Business Office **177 Putnam Avenue** City **Johnston** State **RI** Zip **02919**

4. Business Phone No. **401-231-1118** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**AUTO BODY REPAIR/AUTO SALES**

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

President Name **CARMELA MORAN** Vice President Name \_\_\_\_\_

Street Address **177 Putnam Avenue** Street Address \_\_\_\_\_  
City **Johnston** State **RI** Zip **02919** City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Secretary Name **CARMELA MORAN** Treasurer Name **CARMELA MORAN**  
Street Address **same** Street Address **same**  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Director Name **CARMELA MORAN** Director Name \_\_\_\_\_  
Street Address **same** 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
	<b>8,000</b>	<b>COMM NO PAR VALUE</b>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>100</b>		<b>No Par Value</b>

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



\* 6 9 6 2 1 \*

2/27

File Date: \_\_\_\_\_

1058

Check No.: \_\_\_\_\_

*[Signature]*

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.

*[Signature]* 2/13/01  
Signature of Officer Date

**CARMELA MORAN**  
Print or Type Name of Officer

**Secretary**  
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. 89621 2. Name of Corporation ROUTE 44 AUTO BODY, INC.

3. Street Address Principal Business Office 181 Putnam Avenue City Johnston State RI Zip 02919

4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation RHODE ISLAND 6. 8653

7. Brief Description of the Character of Business Conducted in Rhode Island  
The operation of an auto body repair facility and any other lawful business.

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

President Name <u>Carmela Moran</u>	Vice President Name _____
Street Address <u>181 Putnam Avenue</u>	Street Address _____
City State Zip <u>Johnston RI 02919</u>	City State Zip _____
Secretary Name <u>Carmela Moran</u>	Treasurer Name <u>Carmela Moran</u>
Street Address <u>181 Putnam Avenue</u>	Street Address <u>181 Putnam Avenue</u>
City State Zip <u>Johnston RI 02919</u>	City State Zip <u>Johnston RI 02919</u>

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

Director Name <u>Carmela Moran</u>	Director Name _____
Street Address <u>181 Putnam Avenue</u>	Street Address _____
City State Zip <u>Johnston RI 02919</u>	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  
8,000 SHS COMM NO PAR VAL

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
100 No Par Value

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



\* 6 9 6 2 1 \*

File Date: 3/10/00

Check No.: 17156

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.

Carmela Moran 3/10/00  
Signature of Officer Date

Carmela Moran

Print or Type Name of Officer  
Secretary

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. **69621** 2. Name of Corporation **ROUTE 44 AUTO BODY, INC.**

3. Street Address Principal Business Office **181 Putnam Avenue** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island  
The operation of an auto body repair facility and any other lawful business.

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

President Name <b>Carmela Moran</b>	Vice President Name
Street Address <b>181 Putnam Ave</b>	Street Address
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	City State Zip
Secretary Name <b>Carmela Moran</b>	Treasurer Name <b>Carmela Moran</b>
Street Address <b>181 Putnam Ave</b>	Street Address <b>181 Putnam Ave</b>
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>

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

Director Name <b>Carmela Moran</b>	Director Name
Street Address <b>181 Putnam Ave.</b>	Street Address
City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

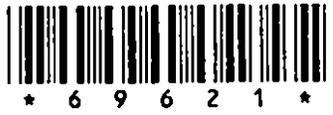
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>8,000 SHS COMM NC PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>		<b>No Par Value</b>

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



\* 6 9 6 2 1 \*

File Date: Apr 22, 99  
Check No.: 14149  
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: [Signature] Date: \_\_\_\_\_  
Print or Type Name of Officer: Carmela Moran  
Title of Officer: Secretary



**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. **69621** 2. Name of Corporation **ROUTE 44 AUTO BODY, INC.**

3. Street Address Principal Business Office **177 Putnam Avenue** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **(401) 231-1118** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

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

**auto body repair/auto sales**

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

President Name <b>Carmela Moran</b> Street Address <b>177 Putnam Avenue</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	Vice President Name  Street Address  City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>
Secretary Name <b>Carmela Moran</b> Street Address <b>same</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	Treasurer Name <b>Carmela Moran</b> Street Address <b>same</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>

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

Director Name <b>Carmela Moran</b> Street Address <b>same</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	Director Name  Street Address  City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>
Director Name  Street Address  City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	Director Name  Street Address  City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>8,000 SHS COMM NO PAR VAL</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>		<b>No Par</b>

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



File Date: **3-13-98**  
Check No.: **1096**  
By: **UP**

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.

**Carmela Moran** 3/6/98  
Signature of Officer Date  
**Carmela Moran**  
Print or Type Name of Officer  
**Secretary**  
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. **69621** 2. Name of Corporation **ROUTE 44 AUTO BODY, INC.**

3. Street Address Principal Business Office **177 Putnam Avenue** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **(401) 231-1118** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**auto body repair/auto sales**

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

<b>President Name</b> Carmela Moran Street Address 177 Putnam Avenue City State Zip Johnston RI 02919 Secretary Name Carmela Moran Street Address Same City State Zip	<b>Vice President Name</b>  Street Address  City State Zip  <b>Treasurer Name</b> Carmela Moran Street Address Same City State Zip
---	--

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

<b>Director Name</b> Carmela Moran Street Address Same City State Zip	<b>Director Name</b>  Street Address  City State Zip
<b>Director Name</b>  Street Address  City State Zip	<b>Director Name</b>  Street Address  City State Zip

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

<b>AUTHORIZED SHARES</b>	<b>ISSUED SHARES</b> ✓
Number of Shares	Number of Shares
<b>8,000 SHS COMM NO PAR VAL</b>	<b>100</b>
Class/Series	Class/Series
	<b>Common</b>
Par Value	Par Value
	<b>No Par</b>

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



\* 6 9 6 2 1 \*

File Date: 3.31.97  
Check No.: 9173  
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.

Carmela Moran 2/25/97  
Signature of Officer Date  
**Carmela Moran**  
Print or Type Name of Officer  
**Secretary**  
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: 69621  
 2 NAME OF CORPORATION: ROUTE 44 AUTO BODY, INC.  
 3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 177 Putnam Avenue  
 CITY: Johnston STATE: RI ZIP CODE: 02919  
 4 BUSINESS PHONE (NO): (401) 231-1118  
 5 STATE OF INCORPORATION: RHODE ISLAND  
 6 SIC CODE: 8953  
 7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED BY RHODE ISLAND: Auto body repair/auto sales

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: Carmela Moran  
 VICE PRESIDENT NAME: \_\_\_\_\_  
 STREET ADDRESS: 177 Putnam Avenue  
 CITY: Johnston STATE: RI ZIP CODE: 02919  
 SECRETARY NAME: Carmela Moran  
 STREET ADDRESS: same  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 TREASURER NAME: Carmela Moran  
 STREET ADDRESS: same  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: Carmela Moran  
 STREET ADDRESS: same  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 DIRECTOR NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 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
8,000	SHS COMM	NO PAR VAL			

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: 1/5/96  
 Check No: 6074  
 By: *[Signature]*  
 For Secretary of State Use Only

*[Signature]*  
 Signature of Officer  
 Carmela Moran  
 Print or Type Name of Officer  
 Secretary  
 Title of Officer  
 1/3/96  
 Date



JAN 11 1995

By *MA*

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

Corporate ID: 0069621 Annual Report for the year: 1995

Name of Corporation: ROUTE 44 AUTO BODY, INC.

Business entity organized under the laws of the State of: RI

Business Entity is (check one):

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

Business Corporation (See RIGL Chapter 7-1.1)

N/A

Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

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

Auto body repair/Auto sales

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

177 Putnam Avenue

Johnston, RI 02919

Phone: (401) 231-1118

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Carmela Moran	177 Putnam Avenue,	Johnston, RI	02919
VICE PRESIDENT			
SECRETARY Carmela Moran	177 Putnam Avenue,	Johnston, RI	02919
TREASURER Carmela Moran	177 Putnam Avenue	Johnston, RI	02919

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Carmela Moran	177 Putnam Avenue	Johnston, RI	02919

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
8000	Common	100	Common

Date January 9, 1995

By *Carmela Moran*  
 Carmela Moran, Secretary

PRINT OR TYPE NAME OF OFFICER SIGNING

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.

DOMINIC SHELZI  
 1050 MAIN ST.  
 E GREENWICH RI 02818

PLEASE TYPE or PRINT *CP# 2169 more*  
 State of Rhode Island and Providence Plantations *150*  
 Office of The Secretary of State  
 100 North Main Street  
 Providence, Rhode Island 02903-1335  
 401-277-3040

File Annually  
 L.L.C. Sept. 1 - Nov. 31  
 CORP. Jan. 1 - March 31

0069621

Annual Report for the year 1994

Name of Business Entity \_\_\_\_\_

**ROUTE 44 AUTO BODY, INC.**

Business entity organized under the laws of the State of RI

Business Entity is (check one):

Federal Taxpayer Identification Number \_\_\_\_\_

Business Corporation (See RIGL Chapter 7-1.1)

For foreign entity, address and telephone number of principal office \_\_\_\_\_

Professional Service Corporation (See RIGL Chapter 7-5.1)

Limited Liability Company (See RIGL 7-16)

n/a

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

See President

Phone ( ) \_\_\_\_\_

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

177 Putnam Avenue  
Johnston, RI 02919

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

Auto body repair/Auto sales

Phone (401) 231-1118

Date of Organization October 1, 1992

Date of Qualification to do business in Rhode Island (if foreign entity) \_\_\_\_\_

**THE NAMES OF THE OFFICERS ARE:**

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR	<input checked="" type="checkbox"/> PRESIDENT (CHECK ONE)	STREET ADDRESS	CITY STATE	ZIP CODE
		<u>Carmela Moran</u>	<u>177 Putnam Avenue, Johnston, RI</u>	<u>02919</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR	<input type="checkbox"/> VICE PRESIDENT (CHECK ONE)	STREET ADDRESS	CITY STATE	ZIP CODE
		<u>Carmela Moran</u>	<u>177 Putnam Avenue, Johnston, RI</u>	<u>02919</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR	<input checked="" type="checkbox"/> SECRETARY (CHECK ONE)	STREET ADDRESS	CITY STATE	ZIP CODE
		<u>Carmela Moran</u>	<u>177 Putnam Avenue, Johnston, RI</u>	<u>02919</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR	<input checked="" type="checkbox"/> TREASURER (CHECK ONE)	STREET ADDRESS	CITY STATE	ZIP CODE
		<u>Carmela Moran</u>	<u>177 Putnam Avenue, Johnston, RI</u>	<u>02919</u>

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY STATE	ZIP CODE
<u>Carmela Moran</u>	<u>177 Putnam Avenue, Johnston, RI</u>	<u>02919</u>	
NAME	STREET ADDRESS	CITY STATE	ZIP CODE
NAME	STREET ADDRESS	CITY STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable):

NUMBER 8000

CLASS Common

SERIES

~~PAR VALUE OR~~  
 WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES

~~PAR VALUE OR~~  
 WITHOUT PAR

Date April 1, 1994

By Carmela Moran  
 Carmela Moran, Secretary

CARMELA MORAN - President

SEC. 177 Putnam Ave.  
Johnston, RI 02919

Form 9-154

**DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form L.L.C. 3 must be filed

DOMINIC SHELZI  
 1070 RESERVOIR AVENUE  
 CRANSTON RI 02910

FILED

APR 1 1994  
 BY ME59

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

152576

Corporate ID 008821 Annual Report for the year 1993

FIRST: The name of the corporation is ROUTE 44 AUTO BODY, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is the operation of an auto body repair facility  
and any other lawful business.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 181 Putnam Avenue, Johnston, RI 02919

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

Name	Office	Address (including number, street, zip code)
<u>Carmela Moran</u>	<u>Director</u>	<u>181 Putnam Ave, Johnston, RI 02919</u>
	<u>Director</u>	
	<u>Director</u>	
<u>Carmela Moran</u>	<u>President</u>	<u>181 Putnam Avenue, Johnston, RI 02919</u>
	<u>Vice President</u>	
<u>Carmela Moran</u>	<u>Secretary</u>	<u>181 Putnam Ave, Johnston, RI 02919</u>
<u>Carmela Moran</u>	<u>Treasurer</u>	<u>181 Putnam Avenue, Johnston, RI 02919</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>8000</u>			<u>No par value</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>No par value</u>

Dated NOVEMBER 19 93

RT 44 Auto Body Inc.  
(Name of Corporation)

By CARMELA MORAN Carmela Moran

(Report must be signed by an officer)

Title SECRETARY