



**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. 63224		2. Name of Corporation C.P.M. Auto, Inc.			
3. Street Address Principal Business Office 1024 TIOGUE AVENUE			City COVENTRY	State RI	Zip 02816
4. Business Phone No. 826-5531		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island AUTO REPAIRS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSE TABOADA			Vice President Name SAME		
Street Address 120 MCPARTLAND WAY			Street Address		
City EAST GREENWICH	State RI	Zip 02816	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSE TABOADA			Director Name		
Street Address 120 MCPARTLAND WAY			Street Address		
City EAST GREENWICH	State RI	Zip 02816	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
100 NO PAR VALUE			100	COMMON	N/P/V

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



File Date 2.23.05  
Check No. 6205  
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] 2.20.05  
Signature of Officer Date  
JOSE TABOADA  
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 IN BLACK)

1. Corporate ID No. 63224		2. Name of Corporation C.P.M. Auto, Inc.	
3. Street Address Principal Business Office 1024 TIOGUE AVENUE		City COVENTRY	State RI
		Zip 02816	
4. Business Phone No. 4018235531	5. State of Incorporation RHODE ISLAND		6. SIC Code 8888

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

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

President Name JOSE R TABOADA	Vice President Name SAME AS PRESIDENT
Street Address 126 MISTY MEADOW LANE	Street Address
City NO KINGSTOWN	City
State RI	State
Zip 02816	Zip
Secretary Name SAME AS ABOVE	Treasurer Name SAME AS PRESIDENT
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name JOSE R TABOADA	Director Name
Street Address 126 MISTY MEADOWS LANE	Street Address
City KINGSTOWN	City
State RI	State
Zip 02852	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	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
100 NO PAR VALUE			100 NO PAR VALUE	COMMON	NPV

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



\*63224 DBC 03/15/04 09:14:56 AM\*

File Date 3/24/04

Check No. 1647

By: SC

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 3-24-04

Print or Type Name of Officer JOSE R TABOADA

Title of Officer PRESIDENT



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **63224** 2. Name of Corporation **C.P.M. Auto, Inc.**  
3. Street Address Principal Business Office **1024 Tiogue Ave** City **Coventry** State **RI** Zip **02816**  
4. Business Phone No. **(401) 823-5531** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Auto Repairs**

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

President Name <b>Jose Taboada</b>	Vice President Name <b>Same</b>
Street Address <b>126 Misty Meadows Lane</b>	Street Address <b>Same</b>
City <b>N. Kingstown RI</b>	City <b>State Zip</b>
Secretary Name <b>Same</b>	Treasurer Name <b>Same</b>
Street Address <b>Same</b>	Street Address <b>Same</b>
City <b>State Zip</b>	City <b>State Zip</b>

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

Director Name <b>Same as above</b>	Director Name <b>Same</b>
Street Address <b>Same as above</b>	Street Address <b>Same</b>
City <b>State Zip</b>	City <b>State Zip</b>
Director Name <b>Same</b>	Director Name <b>Same</b>
Street Address <b>Same</b>	Street Address <b>Same</b>
City <b>State Zip</b>	City <b>State Zip</b>

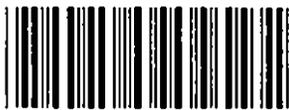
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common NPV**

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



\* 6 3 2 2 4 \*

File Date: 2/12/03  
Check No.: 4782  
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: 2/15/03

Print or Type Name of Officer: Jose Taboada

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. **63224** 2. Name of Corporation **C.P.M. Auto, Inc.**  
3. Street Address Principal Business Office **1024 Tiogue Ave** City **Coventry** State **RI** Zip **02816**  
4. Business Phone No. **(401) 823-5531** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Auto Repairs**

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

President Name <b>Jose Taobada</b> Street Address <b>126 Misty Meadow Lane</b> City <b>Ni Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Vice President Name <b>SAME</b> Street Address <b>SAME</b> City <b>SAME</b> State <b>SAME</b> Zip <b>SAME</b>
Secretary Name <b>SAME</b> Street Address <b>SAME</b> City <b>SAME</b> State <b>SAME</b> Zip <b>SAME</b>	Treasurer Name <b>SAME</b> Street Address <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) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>SAME AS ABOVE</b> Street Address <b>SAME AS ABOVE</b> City <b>SAME AS ABOVE</b> State <b>SAME AS ABOVE</b> Zip <b>SAME AS ABOVE</b>	Director Name <b>SAME AS ABOVE</b> Street Address <b>SAME AS ABOVE</b> City <b>SAME AS ABOVE</b> State <b>SAME AS ABOVE</b> Zip <b>SAME AS ABOVE</b>
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
100 NO PAR VALUE	Common	NPV

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

ISSUED SHARES	Class/Series	Par Value
100	Common	NPV

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



\* 6 3 2 2 4 \*

File Date: **2/4/02**  
Check No.: **11953**  
By: **JTE**

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: **Jose Taobada** Date: **1-30-02**  
Title of Officer: **President** 1/19/01



**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. **63224** 2. Name of Corporation **C.P.M. Auto, Inc.**

3. Street Address Principal Business Office **1024 Tiogue Ave** City **Couventry** State **RI** Zip **02816**  
4. Business Phone No. **(401) 823-5531** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

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

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

President Name <b>Jose Taboada</b>	Vice President Name <b>Same</b>
Street Address <b>126 Misty Meadows Lane</b>	Street Address <b>Same</b>
City <b>N. Kingstown, RI</b>	City <b>Same</b>
State <b>RI</b>	State <b>RI</b>
Zip <b>02852</b>	Zip <b>02816</b>
Secretary Name <b>Same</b>	Treasurer Name <b>Same</b>
Street Address <b>Same</b>	Street Address <b>Same</b>
City <b>Same</b>	City <b>Same</b>
State <b>RI</b>	State <b>RI</b>
Zip <b>02852</b>	Zip <b>02816</b>

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

Director Name <b>Same</b>	Director Name <b>Same</b>
Street Address <b>Same</b>	Street Address <b>Same</b>
City <b>Same</b>	City <b>Same</b>
State <b>RI</b>	State <b>RI</b>
Zip <b>02852</b>	Zip <b>02816</b>
Director Name <b>Same</b>	Director Name <b>Same</b>
Street Address <b>Same</b>	Street Address <b>Same</b>
City <b>Same</b>	City <b>Same</b>
State <b>RI</b>	State <b>RI</b>
Zip <b>02852</b>	Zip <b>02816</b>

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>100 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>NPV</b>

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



\* 6 3 2 2 4 \*

File Date: 2/16

Check No.: 10708

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: 2/16/01

Print or Type Name of Officer: Jose Taboada

Title of Officer: Pres



**ROBIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 31 • Filing Fee: \$50.00

FORM MUST BE FILED IN BLACK

1. Corporate ID No. **63224** 2. Name of Corporation **C.P.M. Auto, Inc.**

Street Address (Principal Business Office) **1024 Tiogue Ave** City **Coventry** State **RI** Zip **02816**  
Business Phone No. **(401) 923-5531** S. State of Incorporation **RHODE ISLAND** 6. SIC Code

Total Description of the Character of Business Conducted in Rhode Island  
**Auto repairs**

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

President Name <b>Jose Taborda</b>	Vice President Name <b>Same</b>
Street Address <b>50 Mill Pond Rd</b>	Street Address <b>Same</b>
City <b>Exeter</b>	City <b>Same</b>
State <b>RI</b>	State <b>Same</b>
Zip <b>02822</b>	Zip <b>Same</b>
Treasurer Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name <b>Same as above</b>	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Number of Shares	Class/Series	Par Value
<b>100 SHS</b>	<b>NO</b>	<b>PAR VALUE</b>

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

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>NPV</b>

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: *Jose Taborda* Date: 1/28/00  
Print or Type Name of Officer: Jose Taborda

Date: 8-17-00

Check No.: 9624

By: AMF



**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. **63224**      2. Name of Corporation **C.P.M. Auto, Inc.**  
3. Street Address Principal Business Office      City      State      Zip  
**1024 Tiogue Ave**      **Coventry**      **RI**      **02816**  
4. Business Phone No.      5. State of Incorporation      6. SIC Code  
**(401) 823-5531**      **RHODE ISLAND**      **0000**

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

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

President Name <b>Jose Taborda</b>	Vice President Name <b>Same</b>
Street Address <b>50 Mill Pond Rd</b>	Street Address
City      State      Zip <b>Exeter      RI      02822</b>	City      State      Zip
Secretary Name <b>Same</b>	Treasurer Name <b>Same</b>
Street Address	Street Address
City      State      Zip	City      State      Zip

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

Director Name <b>Same AS Above</b>	Director Name
Street Address	Street Address
City      State      Zip	City      State      Zip
Director Name	Director Name
Street Address	Street Address
City      State      Zip	City      State      Zip

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

AUTHORIZED SHARES  
Number of Shares      Class/Series      Par Value  
**100 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares      Class/Series      Par Value  
**100      Common      NPV**

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



File Date: April 15, 99

Check No.: 6912

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]  
Signature of Officer      Date

Jose Taborda  
Print or Type Name of Officer

Pres  
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. **63224**  
2. Name of Corporation **C.P.M. Auto, Inc.**  
3. Street Address Principal Business Office  
**1024 Tiogue Ave**  
4. Business Phone No. **(401) 823-5531**  
5. State of Incorporation **RHODE ISLAND**

City **Coventry** State **RI** Zip **02816**  
6. SIC Code

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

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

President Name **Jose Taboada**  
Street Address **50 Mill Pond Rd**  
City **Exeter** State **RI** Zip **02822**

Vice President Name  
Street Address **SAME**  
City State Zip

Secretary Name  
Street Address **SAME**  
City State Zip

Treasurer Name  
Street Address **SAME**  
City State Zip

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

Director Name  
Street Address **SAME AS ABOVE**  
City State Zip

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

Director Name  
Street Address  
City State Zip

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 SHS NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common NPV**

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



File Date: **1-27-98**  
Check No.: **4050**  
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 **Jose Taboada** Date **1/21/98**  
Print or Type Name of Officer  
**Pres**  
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. 0063224  
 2. Name of Corporation CPM AUTO, INC.  
 3. Street Address Principal Business Office 1024 Tiogue Ave Country RI  
 4. Business Phone No. 401 823-5531  
 5. State of Incorporation RI  
 6. SIC Code 02816

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

Auto & Truck Repair

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

President Name Jose Taborda	Vice President Name SAME
Street Address 50 Mill Pond Rd Exeter RI 02822	Street Address SAME
City Exeter RI 02822	City SAME
State RI	State RI
Zip 02822	Zip 02822

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

Director Name SAME AS ABOVE	Director Name SAME AS ABOVE
Street Address SAME AS ABOVE	Street Address SAME AS ABOVE
City SAME AS ABOVE	City SAME AS ABOVE
State RI	State RI
Zip 02822	Zip 02822

**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
100	Common	NPV	100	Common	NPV

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

File Date: 2/10/97  
 Check No.: 176700  
 By: KAD

RECEIVED  
 SECRETARY OF STATE  
 16 11 45 2 01 97

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: Jose Taborda  
 Date: 1-7-97  
 Print or Type Name of Officer: Jose Taborda  
 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. 0063224		2. NAME OF CORPORATION CPM Auto, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1024 Tiogue Ave			CITY Coventry	STATE RI	ZIP CODE 02816
4. BUSINESS PHONE NO. 401 823 5531		5. STATE OF INCORPORATION RI		6. SIC CODE	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Auto & Truck Repair					

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Jose Taboada			VICE PRESIDENT NAME Same		
STREET ADDRESS 50 Mill Pond Rd PO Box 477			STREET ADDRESS		
CITY Exeter	STATE RI	ZIP CODE 02822	CITY	STATE	ZIP CODE
SECRETARY NAME Same			TREASURER NAME Same		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Same as above			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. AUTHORIZED SHARES			11. ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100	Common N.P.V.	N.P.V.	100	Common	N.P.V.

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: 2/10/97  
Check No: 170700  
By: KID

Signature of Officer: *Jose Taboada*  
Print or Type Name of Officer: Jose Taboada  
Title of Officer: PRESIDENT  
Date: 1-7-97

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

Corporate ID: 0063224 Annual Report for the year: 1995

Name of Corporation: CPM AUTO, INC

Business entity organized under the laws of the State of: RI  
 or 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):  
1024 Tugue Ave  
Cventry RI 02816  
 Phone: (401) 823-5531

Brief statement of the character of business conducted in Rhode Island:  
Auto & Truck Repair

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	<u>Jose Taboada</u>	<u>50 Mill Pond Rd PO Box 477 Exeter RI</u>	<u>02822</u>
SECRETARY	<u>SAME</u>		
TREASURER	<u>SAME</u>		

THE NAMES OF THE DIRECTORS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
DIRECTOR	<u>SAME</u>		
DIRECTOR	<u>SAME</u>		
DIRECTOR	<u>SAME</u>		

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
<u>100</u>	<u>NPU</u>	<u>100</u>	<u>NPU</u>

**PAID**  
**FEB 10 1997**  
 10176906  
**SECY OF STATE**

Effective Date: 1/3, 1997  
 By: [Signature]  
 PRINT OR TYPE NAME OF OFFICER SIGNING: Jose Taboada  
 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.

RECEIVED  
 SECRETARY OF STATE  
 FEB 10 2 54 PM '97

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

Corporate ID: 0063224 Annual Report for the year: 1994

Name of Corporation: CPM Auto, Inc.  
 Business entity organized under the laws of the State of: RI  
 or 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):  
1024 Tropic Ave  
Coventry RI 02816  
 Phone: (401) 823-5531

Brief statement of the character of business conducted in Rhode Island:  
Auto & Truck Repair

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Jose Taboada</u>	<u>50 Mill Pond Rd</u>	<u>Exeter RI</u>	<u>02822</u>
VICE PRESIDENT			
SECRETARY			
TREASURER			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Same</u>			

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
<u>100</u>	<u>NPV</u>	<u>100</u>	<u>NPV</u>

PAID FEB 10 1997  
 112 170 700  
 SECY OF STATE

Filed 1/3, 19 97  
 By: [Signature]  
 PRINT OR TYPE NAME OF OFFICER SIGNING Jose Taboada  
 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.

FEB 11 2 57 PM '97  
 STATE OF RHODE ISLAND  
 SECRETARY OF STATE

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

Corporate ID: 0063224 Annual Report for the year: 1993

Name of Corporation: CPM Auto, Inc.

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

or 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)

Brief statement of the character of business conducted in Rhode Island:  
Auto & Truck Repairs

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

1024 Tigue Ave  
Coxe, RI 02816

Phone: (401) 823-5531

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
CE PRESIDENT	<u>50 Mill Pond Rd</u>	<u>Exeter RI</u>	<u>02822</u>
SECRETARY	<u>Same</u>		
TREASURER	<u>Same</u>		

**THE NAMES OF THE DIRECTORS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
DIRECTOR	<u>Same</u>		
DIRECTOR	<u>Same</u>		
DIRECTOR	<u>Same</u>		

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
<u>100</u>	<u>NPV</u>	<u>100</u>	<u>NPV</u>

**PAID**  
**FEB 10 1997**  
 00176700  
**SECY OF STATE**

Date: 1/3, 1997

By: [Signature]  
 PRINT OR TYPE NAME OF OFFICER SIGNING: Jose Taboada  
 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.

RECEIVED  
 DIVISION OF CORPORATIONS  
 STATE OF RHODE ISLAND

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

0055224

Corporate ID 0055224 Annual Report for the year 1992

FIRST: The name of the corporation is C.P.M. Auto, Inc.

SECOND: It is incorporated under the laws of THE STATE OF RI

THIRD: Character of business, briefly stated, is AUTOMOTIVE REPAIR

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

FIFTH: Business address in Rhode Island 948 MAIN ST. HOPE VALLEY  
RI, 02832.

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

Name Office Address (including number, street, zip code)

Director

Director

Director

<u>JOSE R TABOADA</u>	President	<u>948 MAIN ST. HOPE VALLEY RI</u>
<u>JUDEANN TABOADA</u>	Vice President	<u>  </u>
<u>JOSE R TABOADA</u>	Secretary	<u>  </u>
<u>JOSE R TABOADA</u>	Treasurer	<u>  </u>

SEVENTH: Number of Shares authorized:

No. of Shares Class Series Par Value or statement that shares are without par value

PAID

MAR 11 1992

EIGHTH: Number of Shares issued:

No. of Shares Class Series Par Value or statement that shares are without par value

SEC'Y OF STATE

Dated 3-1 19 92

(Name of Corporation) CPM Auto Inc.  
By: JOSE R TABOADA  
Title: PRESIDENT

(Report must be signed by an officer)