



**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>17125</b>		2. Name of Corporation <b>North Atlantic Distribution, Inc.</b>			
3. Street Address Principal Business Office <b>100 Tidal Drive</b>			City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
4. Business Phone No. <b>(401) 667-7000</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>0</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>SERVICEING AUTOMOBILES IMPORTED BY OTHERS</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. Miranda</b>			Vice President Name <b>None</b>		
Street Address <b>100 Tidal Drive</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Secretary Name <b>Aldo Caputo</b>			Treasurer Name <b>Michael A. Miranda</b>		
Street Address <b>100 Tidal Drive</b>			Street Address <b>100 Tidal Drive</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</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. Miranda</b>			Director Name		
Street Address <b>100 Tidal Drive</b>			Street Address		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</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"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	ISSUED SHARES	Number of Shares	Class/Series
<b>1,000 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



\*17125\*

File Date 3/16/05  
Check No. 26571  
By: DA  
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.

Michael A. Miranda 3/15/05  
Signature of Officer Date  
**Michael A. Miranda**  
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. 17125		2. Name of Corporation North Atlantic Distribution, Inc.					
3. Street Address Principal Business Office 100 Tidal Drive				City North Kingstown	State RI	Zip 02852	
4. Business Phone No. (401) 667-7000			5. State of Incorporation RHODE ISLAND			6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island SERVICEING AUTOMOBILES IMPORTED BY OTHERS							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Michael A. Miranda				Vice President Name None			
Street Address 100 Tidal Drive				Street Address			
City North Kingstown		State RI		Zip 02852			
Secretary Name Aldo Caputo				Treasurer Name Michael A. Miranda			
Street Address 100 Tidal Drive				Street Address 100 Tidal Drive			
City North Kingstown		State RI		Zip 02852		City North Kingstown	
						State RI	
						Zip 02852	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name Michael A. Miranda				Director Name			
Street Address 100 Tidal Drive				Street Address			
City North Kingstown		State RI		Zip 02852		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		
1,000 NO PAR VALUE			100	Common	No Par		

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



\* 1 7 1 2 5 \*

File Date 3/22/04

Check No. 024391/C 20446

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] 3/18/04

Signature of Officer Date

Michael A. Miranda

Print or Type Name of Officer

President

Title of Officer

FOR SECRETARY OF STATE USE ONLY

**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. **17125**  
2. Name of Corporation **North Atlantic Distribution, Inc.**  
3. Street Address Principal Business Office  
**100 Tidal Drive**  
4. Business Phone No. **(401) 885-6663**  
5. State of Incorporation **RHODE ISLAND**

City **North Kingstown** State **RI** Zip **02852**  
6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Servicing automobiles imported by others.**

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

President Name **Michael A. Miranda**  
Street Address **100 Tidal Drive**  
City **North Kingstown** State **RI** Zip **02852**

~~XXXXXXXXXX~~  
**None**  
Street Address  
**One Financial Plaza, Suite 1800**  
City **Providence** State **RI** Zip **02903**

Secretary Name **Aldo Caputo**  
Street Address **100 Tidal Drive**  
City **North Kingstown** State **RI** Zip **02852**

Treasurer Name **Michael A. Miranda**  
Street Address **100 Tidal Drive**  
City **North Kingstown** State **RI** Zip **02852**

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

Director Name **Michael A. Miranda**  
Street Address **100 Tidal Drive**  
City **North Kingstown** State **RI** Zip **02852**

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
	1,000	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	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: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
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.  
*Michael A. Miranda* 10/9/03  
Signature of Officer Date  
**Michael A. Miranda**  
Print or Type Name of Officer  
**Treas**  
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. **17125**  
2. Name of Corporation **North Atlantic Distribution, Inc.**  
3. Street Address Principal Business Office  
**100 Tidal Drive**  
4. Business Phone No. **(401) 885-6663**  
5. State of Incorporation **RHODE ISLAND**  
6. SIC Code **0**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Servicing automobiles imported by others.**

City **North Kingstown** State **RI** Zip **02852**  
City **Providence** State **RI** Zip **02903**

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

**President Name**  
**Michael A. Miranda**  
Street Address  
**100 Tidal Drive**  
City **North Kingstown** State **RI** Zip **02852**  
**Secretary Name**  
**Aldo Caputo**  
Street Address  
**100 Tidal Drive**  
City **North Kingstown** State **RI** Zip **02852**

~~XXXXXXXXXXXXXXXXXXXX~~ **Assistant Secretary:**  
**Gary R. Pannone**  
Street Address  
**One Financial Plaza - Suite 1800**  
City **Providence** State **RI** Zip **02903**  
**Treasurer Name**  
**Michael A. Miranda**  
Street Address  
**100 Tidal Drive**  
City **North Kingstown** State **RI** Zip **02852**

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

**Director Name**  
**Michael A. Miranda**  
Street Address  
**100 Tidal Drive**  
City **North Kingstown** State **RI** Zip **02852**

**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
	1,000	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	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: 5-10-02  
Check No.: 20380  
By: AMF

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: \_\_\_\_\_  
Type Name of Officer: Michael M. Miranda  
Title of Officer: President



**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. **17125** 2. Name of Corporation **North Atlantic Distribution, Inc.**

3. Street Address Principal Business Office **100 Tidal Drive** City **North Kingstown** State **RI** Zip **02852**  
4. Business Phone No. **(401) 885-6663** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Servicing automobiles imported by others.**

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

President Name <b>Michael A. Miranda</b> Street Address <b>100 Tidal Drive</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Assistant Secretary: <b>Gary R. Pannone</b> Street Address <b>One Financial Plaza - Suite 1800</b> City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
Treasurer Name <b>Aldo Caputo</b> Street Address <b>100 Tidal Drive</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Treasurer Name <b>Michael A. Miranda</b> Street Address <b>100 Tidal Drive</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>

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

Director Name <b>Michael A. Miranda</b> Street Address <b>100 Tidal Drive</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>	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	Class/Series	Par Value
<b>1000 NO PAR VAL</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



\* 1 7 1 2 5 \*

File Date: **FILED**  
Check No.: **APR 25 2001**  
By: **Ca 1852P**  
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: **Michael Miranda** Date: **4/24/01**  
Print or Type Name of Officer: **Michael Miranda**  
Title of Officer: **President**



**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. **17125** 2. Name of Corporation **North Atlantic Distribution, Inc.**  
 Street Address Principal Business Office **100 Tidal Drive** City **North Kingstown** State **RI** Zip **02852**  
 Business Phone No. **401-885-6663** 3. State of Incorporation **RHODE ISLAND** 4. SIC Code **8888**  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
**Servicing automobiles imported by others.**

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

President Name <b>Michael A. Miranda</b>	<del>XXXXXXXXXX</del> Assistant Secretary: <b>Gary R. Pannone</b>
Street Address <b>100 Tidal Drive</b>	Street Address <b>1800 Bankboston Plaza</b>
City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>	City <b>Providence</b> State <b>RI</b> Zip <b>02903</b>
Secretary Name <b>Aldo Caputo</b>	Treasurer Name <b>Michael A. Miranda</b>
Street Address <b>100 Tidal Drive</b>	Street Address <b>100 Tidal Drive</b>
City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>	City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>

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

Director Name <b>Michael A. Miranda</b>	Director Name
Street Address <b>100 Tidal Drive</b>	Street Address
City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

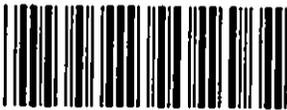
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>1000 NO PAR VAL</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



\* 1 7 1 2 5 \*

File Date: 4/3/2000  
Check No.: 16746

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] 3/23/00  
Signature of Officer Date  
**Michael A. Miranda**

President  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **17125** 2. Name of Corporation **North Atlantic Distribution, Inc.**  
3. Street Address Principal Business Office **100 Tidal Drive** City **North Kingstown** State **RI** Zip **02852**  
4. Business Phone No. **(401) 885-6663** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0000**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Servicing automobiles imported by others**

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

President Name **Michael A. Miranda** Assistant Secretary: **Gary R. Pannone**  
Street Address **100 Tidal Drive** Street Address **1800 BankBoston Plaza**  
City **North Kingstown** State **RI** Zip **02852** City **Providence** State **RI** Zip **02852**  
Secretary Name **Aldo Caputo** Treasurer Name **Michael A. Miranda**  
Street Address **100 Tidal Drive** Street Address **100 Tidal Drive**  
City **North Kingstown** State **RI** Zip **02852** City **North Kingstown** State **RI** Zip **02852**

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

Director Name **Michael A. Miranda**  
Street Address **100 Tidal Drive**  
City **North Kingstown** State **RI** Zip **02852**

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<b>1000</b>	<b>NO PAR</b>	<b>VAL</b>

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

ISSUED SHARES	Number of 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



File Date: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
By: **APR 09 1999**  
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: **Gary R. Pannone** Date: **4/8/99**  
Print or Type Name of Officer: **Gary R. Pannone**  
Assistant Secretary  
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. **17125**  
2. Name of Corporation **North Atlantic Distribution, Inc.**  
3. Street Address Principal Business Office  
**100 Tidal Drive**  
4. Business Phone No. **(401) 885-6663**  
5. State of Incorporation **RHODE ISLAND**

City **North Kingstown** State **RI** Zip **02852**  
6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Servicing automobiles imported by others.**

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

President Name **Michael A. Miranda**  
Street Address  
**100 Tidal Drive**  
City **North Kingstown** State **RI** Zip **02852**

Vice President Name **David Friedman**  
Street Address  
**100 Tidal Drive**  
City **North Kingstown** State **RI** Zip **02852**

Secretary Name **Aldo Caputo**  
Street Address  
**100 Tidal Drive**  
City **North Kingstown** State **RI** Zip **02852**

Treasurer Name **Michael A. Miranda**  
Street Address  
**100 Tidal Drive**  
City **North Kingstown** State **RI** Zip **02852**

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

Director Name **Michael A. Miranda**  
Street Address  
**100 Tidal Drive**  
City **North Kingstown** State **RI** Zip **02852**

Director Name **David Friedman**  
Street Address  
**100 Tidal Drive**  
City **North Kingstown** State **RI** Zip **02852**

Street Address  
City State Zip

Street Address  
City State Zip

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

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

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**900 common no par value**

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



File Date: **3/11/98**  
Check No.: **13676**

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 Date **3/10/98**

**Michael A. Miranda**

Print or Type Name of Officer

**President**

Title of Officer

EXHIBIT A  
TO  
1998 ANNUAL REPORT

North Atlantic Distribution, Inc.

**Additional Officers:**

<u>Office</u>	<u>Name</u>	<u>Address</u>
Assistant Secretary:	Philip W. Noel	1800 Hospital Trust Tower Providence, RI 02903



**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. **17125** 2. Name of Corporation **North Atlantic Distribution, Inc.**  
 3. Street Address Principal Business Office **100 Tidal Drive** City **North Kingstown** State **RI** Zip **02852**  
 4. Business Phone No. **(401) 885-6663** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Servicing automobiles imported by others.**

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

President Name <b>Michael A. Miranda</b> Street Address <b>100 Tidal Drive</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Vice President Name <b>David Friedman</b> Street Address <b>100 Tidal Drive</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>
Secretary Name <b>Aldo Caputo</b> Street Address <b>100 Tidal Drive</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Treasurer Name <b>Michael A. Miranda</b> Street Address <b>100 Tidal Drive</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>

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

Director Name <b>Michael A. Miranda</b> Street Address <b>100 Tidal Drive</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>	Director Name <b>David Friedman</b> Street Address <b>100 Tidal Drive</b> City <b>North Kingstown</b> State <b>RI</b> Zip <b>02852</b>
---	---

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

AUTHORIZED SHARES	Class/Series	Par Value	ISSUED SHARES	Class/Series	Par Value
Number of Shares			Number of Shares		
<b>1000 NO PAR VAL</b>			<b>900</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



**FILED**

JUL 03 1991

*Handwritten signature and number 0188472*

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 Michael A. Miranda* 4/16/97  
 Signature of Officer Date

**Michael A. Miranda**  
 Print or Type Name of Officer  
**President**  
 Title of Officer

EXHIBIT A  
TO  
1997 ANNUAL REPORT

North Atlantic Distribution, Inc.

**Additional Officers:**

<u>Office</u>	<u>Name</u>	<u>Address</u>
Assistant Secretary:	Philip W. Noel	1800 Hospital Trust Tower Providence, RI 02903

**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. 17125 2. NAME OF CORPORATION North Atlantic Distribution, Inc.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 100 Tidal Drive CITY North Kingstown STATE RI ZIP CODE 02852

4. BUSINESS PHONE NO. (401) 885-6663 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 8888

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
Servicing automobiles imported by others

**8. NAMES AND ADDRESSES OF THE OFFICERS** See Exhibit A

PRESIDENT NAME Michael A. Miranda VICE PRESIDENT NAME David Friedman

STREET ADDRESS 100 Tidal Drive STREET ADDRESS 100 Tidal Drive

CITY North Kingstown STATE RI ZIP CODE 02852 CITY North Kingstown STATE RI ZIP CODE 02852

SECRETARY NAME Aldo Caputo TREASURER NAME Michael A. Miranda

STREET ADDRESS 100 Tidal Drive STREET ADDRESS 100 Tidal Drive

CITY North Kingstown STATE RI ZIP CODE 02852 CITY North Kingstown STATE RI ZIP CODE 02852

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME Michael A. Miranda DIRECTOR NAME David Friedman

STREET ADDRESS 100 Tidal Drive STREET ADDRESS 100 Tidal Drive

CITY North Kingstown STATE RI ZIP CODE 02852 CITY North Kingstown STATE RI ZIP CODE 02852

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
1000	NO PAR VAL		900	common	No par value

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

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

File Date: 6/18/96  
Check No: 11394  
By: [Signature]  
For Secretary of State Use Only

[Signature]  
Signature of Officer  
Michael Miranda  
Print or Type Name of Officer  
President  
Title of Officer  
04/16/96  
Date

EXHIBIT A  
TO  
1996 ANNUAL REPORT

North Atlantic Distribution, Inc.

**Additional Officers:**

<u>Office</u>	<u>Name</u>	<u>Address</u>
Assistant Secretary:	Philip W. Noel	321 South Main Street Providence, RI 02903

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

Corporate ID: 0017125 Annual Report for the year: 1995

Name of Corporation: North Atlantic Distribution, Inc.

Business entity organized under the laws of the State of: Rhode Island  
 For foreign entity, address and telephone number of principal office: N/A  
 Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
100 Tidal Drive  
North Kingstown, RI 02852  
 Phone: ( 401 ) 885-6663  
 Brief statement of the character of business conducted in Rhode Island:  
Servicing automobiles imported by others and engaging in any and all other lawful activities.

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
See attached Exhibit A			
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Michael A. Miranda	100 Tidal Drive	North Kingstown, RI	02852
David Friedman	100 Tidal Drive	North Kingstown, RI	02852
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	
1,000	common	No par value	900	common	No par value

Date May 5, 19 95  
 By: Philip W. Noel  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
Assistant Secretary  
 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.

ALDO CAPUTO  
 100 TIDAL DRIVE  
 NORTH KINGSTOWN, RI 02852

**FILED**  
 MAY 5 1995  
 BY ABC 1062

EXHIBIT A  
TO  
1995 ANNUAL REPORT

North Atlantic Distribution, Inc.

OFFICERS:

	<b>Name</b>	<b>Address</b>
President:	Michael A. Miranda	100 Tidal Drive North Kingstown, RI 02852
Vice President:	David Friedman	100 Tidal Drive North Kingstown, RI 02852
Secretary:	David Friedman	100 Tidal Drive North Kingstown, RI 02852
Treasurer:	Michael A. Miranda	100 Tidal Drive North Kingstown, RI 02852
Assistant Secretary:	Philip W. Noel	321 South Main Street Providence, RI 02903

Filing Fee \$20.00  
 Payable to:  
 Secretary of State

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

LLC: Sept. 1 - Nov. 1  
 CORP: Jan. 1 - March 1

Corporate ID: 0017125 Annual Report for the year: 1994

Name of Business Entity: North Atlantic Distribution, Inc.

Business entity organized under the laws of the State of: Rhode Island  
 Federal Taxpayer Identification Number: [REDACTED]  
 For foreign entity, address and telephone number of principal office:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: (401) 885-6663  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):  
100 Tidal Drive  
North Kingstown, RI 02852  
 Phone: (401) 885-6663

Business Entity is (check one):  
 Business Corporation (Sec RIGL Chapter 7-1.1)  
 Professional Service Corporation (Sec RIGL Chapter 7-5.1)  
 Limited Liability Company (Sec RIGL 7-16)  
 Name, title and mailing address of contact person to whom communications may be directed:  
Aldo Caputo  
100 Tidal Drive  
North Kingstown, RI 02852  
 Brief statement of the character of business conducted in Rhode Island:  
Servicing automobiles imported by others and  
engaging in any & all other lawfull activities.  
 Date of Organization: 3-29-84  
 Date of Qualification to do business in Rhode Island (if foreign entity):  
 \_\_\_\_\_

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT (Check One)	Michael Miranda	100 Tidal Drive	North Kingstown, RI	02852
<input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	David Friedman	100 Tidal Drive	North Kingstown, RI	02852
<input checked="" type="checkbox"/> SECRETARY (Check One)	Aldo Caputo	100 Tidal Drive	North Kingstown, RI	02852
<input checked="" type="checkbox"/> TREASURER (Check One)	Michael Miranda	100 Tidal Drive	North Kingstown, RI	02852

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Michael Miranda	100 Tidal Drive	North Kingstown, RI	02852
David Friedman	100 Tidal Drive	North Kingstown, RI	02852

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 1000	NUMBER 1000
CLASS Common	CLASS Common
SERIES	SERIES
PAR VALUE OR WITHOUT PAR No par value	PAR VALUE OR WITHOUT PAR No par value

Date 3-1, 19 94

By: [Signature]  
 Michael Miranda  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
 President  
 TITLE OF OFFICER SIGNING

Form 31 1/94

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 LLC 3 must be filed.

ALDO CAPUTO  
 100 TIDAL DRIVE  
 NORTH KINGSTOWN RI 02852

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: 0017125 Annual Report for the year 1993

FIRST: The name of the corporation is North Atlantic Distribution, Inc.

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

THIRD: Character of business, briefly stated, is servicing automotive vehicles imported by others and engaging in any and all other lawful activities.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 321 South Main Street, Prov., RI 02903

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

Name	Office	Address (including number, street, zip code)
David Friedman	Director	301 Harborside Blvd., Providence, RI
Michael Miranda	Director	100 Tidal Drive, North Kingstown, RI
Lawrence R. Carrera	Director	100 Tidal Drive, North Kingstown, RI
David Friedman	President	301 Harborside Blvd., Providence, RI
Michael Miranda	Vice Pres.	100 Tidal Drive., North Kingstown, RI
Lawrence R. Carrera	Vice President	100 Tidal Drive, North Kingstown, RI
Aldo Caputo	Secretary	100 Tidal Drive, North Kingstown, RI
David Friedman	Treasurer	301 Harborside Blvd., Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par value

Rec'd & Filed FEB 26 1993  
Office # 7910  
JPD

Dated 2/18 19 93

NORTH ATLANTIC DISTRIBUTION, INC.

(Name of Corporation)

By: *Michael Miranda*  
Title: VICE PRES.

(Report must be signed by an officer)

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 0017125 Annual Report for the year 1992

FIRST: The name of the corporation is North Atlantic Distribution, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is servicing automotive vehicles imported  
by others and engaging in any and all other lawful activities

FOURTH: If foreign corporation, address of its principal office 321 South Main Street,  
Providence, RI 02903

FIFTH: Business address in Rhode Island

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

Name	Office	Address (including number, street, zip code)
David Friedman	Director	301 Harborside Blvd., Providence, RI
Michael Miranda	Director	100 Tidal Drive, North Kingstown, RI
Lawrence R. Carrera	Director	100 Tidal Drive, North Kingstown, RI
	Director	
David Friedman	President	301 Harborside Blvd. Providence, RI
Michael Miranda	Vice President	100 Tidal Drive, North Kingstown, RI
Lawrence R. Carrera	Vice President	100 Tidal Drive, North Kingstown, RI
Aldo Caputo	Secretary	100 Tidal Drive, North Kingstown, RI
David Friedman	Treasurer	301 Harborside Blvd. Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par value

Dated Feb 28 1992

NORTH ATLANTIC DISTRIBUTION, INC.

(Name of Corporation)

By Lawrence R. Carrera

Title V. President

(Report must be signed by an officer)

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 0047125 Annual Report for the year 1991

FIRST: The name of the corporation is North Atlantic Distribution, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is servicing automotive vehicles imported  
by others and engaging in any and all other lawful activities.

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

FIFTH: Business address in Rhode Island 321 South Main Street, Providence, RI 02903

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

Name	Office	Address (including number, street, zip code)
David Friedman	Director	301 Harborside Blvd., Providence, RI
Michael Miranda	Director	100 Tidal Drive, North Kingstown, RI
Lawrence R. Carrera	Director	100 Tidal Drive, North Kingstown, RI
Jacob M. Kaplan	Director	100 Tidal Drive, North Kingstown, RI
David Friedman	President	301 Harborside Blvd., Providence, RI
Michael Miranda	Vice President	100 Tidal Drive, North Kingstown, RI
Lawrence R. Carrera	Vice President	100 Tidal Drive, North Kingstown, RI
Aldo Caputo	Secretary	100 Tidal Drive, North Kingstown, RI
David Friedman	Treasurer	301 Harborside Blvd. Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		no par value

Rec'd & Filed  
Series  
MAR 25 1991

Dated 3/15/91 19 91

NORTH ATLANTIC DISTRIBUTION, INC.  
(Name of Corporation)

By Michael Miranda

Title V. Pres

(Report must be signed by an officer)

Filing Fee \$15.00

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 0017125 Annual Report for the year 1990

FIRST: The name of the corporation is North Atlantic Distribution, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is service of automotive vehicles imported  
by others and any lawful business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 20 Washington Place, Providence, Rhode Island 02903

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

Name	Office	Address (including number, street, zip code)
David Friedman	Director	301 Harborside Blvd., Providence, RI
Michael Miranda	Director	100 Tidal Drive, No. Kingstown, RI
Lawrence R. Carrera	Director	100 Tidal Drive, No. Kingstown, RI
Jacob M. Kaplan	Director	100 Tidal Drive, No. Kingstown, RI
David Friedman	President	301 Harborside Blvd., Providence, RI
Michael Miranda	Vice President	100 Tidal Drive, No. Kingstown, RI
Lawrence R. Carrera	Vice President	100 Tidal Drive, No. Kingstown, RI
Aldo Caputo	Secretary	100 Tidal Drive, No. Kingstown, RI
David Friedman	Treasurer	301 Harborside Blvd., Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1,000	Common

Par Value  
or statement that  
shares are without  
par value

no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
1,000	Common	

Par Value  
or statement that  
shares are without  
par value

no par

Dated February 1990

North Atlantic Distribution, Inc.  
(Name of Corporation)

By [Signature]  
Title V.PRES.

(Report must be signed by an officer)

Report & Filed  
MAR 16 1990

Filing Fee \$15.00

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

*2*

Corporate ID 0017125 Annual Report for the year 1988

FIRST: The name of the corporation is North Atlantic Distribution, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is service of automotive vehicles imported  
by others and any lawful business

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

FIFTH: Business address in Rhode Island 20 Washington Place, Providence, RI

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

Name	Office	Address (including number, street, zip code)
David Friedman	Director	301 Harborside Blvd., Providence, RI
Michael Miranda	Director	100 Title Drive, No. Kingstown, RI
Lawrence R. Carrera	Director	100 Title Drive, No. Kingstown, RI
Jacob M. Kaplan	Director	100 Title Drive, No. Kingstown, RI
David Friedman	President	301 Harborside Blvd., Providence, RI
Michael Miranda	Vice President	100 Title Drive, No. Kingstown, RI
Lawrence R. Carrera	Vice President	100 Title Drive, No. Kingstown, RI
Aldo Caputo	Secretary	100 Title Drive, No. Kingstown, RI
David Friedman	Treasurer	301 Harborside Blvd., Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par

Rec'd & Filed

*330568A*  
JUL 12 1989

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par

Dated 7-11 19 89

North Atlantic Distribution, Inc.  
(Name of Corporation)

By Aldo Caputo  
Aldo Caputo  
Title Secretary

*Client  
ck 22 1162*

(Report must be signed by an officer)

Filing Fee \$15.00

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

2

Corporate ID: 0017125 Annual Report for the year 1987

FIRST: The name of the corporation is North Atlantic Distribution, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is service of automotive vehicles  
imported by others and any lawful business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 20 Washington Place, Providence, RI 02903

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

Name	Office	Address (including number, street, zip code)
David Friedman	Director	301 Harborside Blvd., Providence, RI
Michael Miranda	Director	100 Title Drive, No. Kingstown, RI
Lawrence Carrera	Director	100 Title Drive, No. Kingstown, RI
Jacob M. Kaplan	Director	100 Title Drive, No. Kingstown, RI
David Friedman	President	301 Harborside Blvd., Providence, RI
Michael Miranda	Vice President	100 Title Drive, No. Kingstown, RI
Lawrence R. Carrera	Vice President	100 Title Drive, No. Kingstown, RI
Aldo Caputo	Secretary	100 Title Drive, No. Kingstown, RI
David Friedman	Treasurer	301 Harborside Blvd., Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par

2447  
33056  
Rec'd & Filed JUL 12 1989

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par

Dated 7-11 19 89

North Atlantic Distribution, Inc.  
(Name of Corporation)

Client  
CK # 4162

By Aldo Caputo  
Aldo Caputo  
Title Secretary

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

1989 *gm*

Corporate ID: 0017125 ..... Annual Report for the year 1989

FIRST: The name of the corporation is North Atlantic Distribution, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is service of automotive vehicles  
imported by others and any lawful business

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

FIFTH: Business address in Rhode Island 20 Washington Place, Providence, Rhode  
Island 02903

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

Name	Office	Address (including number, street, zip code)
David Friedman	Director	301 Harborside Blvd., Providence, RI
Michael Miranda	Director	100 Title Dr., No. Kingstown, RI
Lawrence R. Carrera	Director	100 Title Dr., No. Kingstown, RI
Jacob M. Kaplan	Director	100 Title Dr., No. Kingstown, RI
David Friedman	President	301 Harborside Blvd., Providence, RI
Michael Miranda	Vice President	100 Title Dr., No. Kingstown, RI
Lawrence R. Carrera	Vice President	100 Title Dr., No. Kingstown, RI
Aldo Caputo	Secretary	100 Title Dr., No. Kingstown, RI
David Friedman	Treasurer	301 Harborside Blvd., Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	PAID	no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		no par

MAR 27 1989

SECY OF STATE

Dated March 21 19 89

North Atlantic Distribution, Inc.  
(Name of Corporation)

By Aldo Caputo

Title Vice Pres.

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

### State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 17125 Annual Report for the year 1986

FIRST: The name of the corporation is North Atlantic Distribution, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is service of automotive vehicles imported by others & to engage in any other lawful business

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

FIFTH: Business address in Rhode Island 20 Washington Place, Providence, R.I. 02903

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

Name	Office	Address (including number, street, zip code)
David Friedman	Director	301 Harborside Blvd., Providence, R.I.
Michael Miranda	Director	301 Harborside Blvd., Providence, R.I.
Lawrence R. Carrera	Director	301 Harborside Blvd., Providence, R.I.
David Friedman	President	301 Harborside Blvd., Providence, R.I.
	Vice President	
Kenneth Adler	Secretary	301 Harborside Blvd., Providence, R.I.
David Friedman	Treasurer	301 Harborside Blvd., Providence, R.I.

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		no par

Dated February 19 86

NORTH ATLANTIC DISTRIBUTION, INC.

(Name of Corporation)

By [Signature]

Title President

(Report must be signed by an officer)

APR 16 1986  
93  
SECY Series

Filing Fee \$15.00

#86

January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 WEST MAIN STREET MAIL  
PROVIDENCE, RHODE ISLAND 02903



Corporate ID 17125 Annual Report for the year 1985

FIRST: The name of the corporation is North Atlantic Distribution, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is service of automotive vehicles imported by others. To engage in any other lawful business.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 20 Washington Place, Providence, RI 02903

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

Name	Office	Address (including number, street, zip code)
David Friedman	Director	265 Harborside Blvd., Providence, RI
Michael Miranda	Director	265 Harborside Blvd., Providence, RI
Lawrence R. Carrera	Director	265 Harborside Blvd., Providence, RI
David Friedman	President	265 Harborside Blvd., Providence, RI
	Vice President	
Kenneth Adler	Secretary	333 Harborside Blvd., Providence, RI
David Friedman	Treasurer	265 Harborside Blvd., Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		no par value

Dated September 17, 19 85 NORTH ATLANTIC DISTRIBUTION, INC. (Name of Corporation)

(Report must be signed by an officer)

10/01/85 PAID  
AMRE 15.00  
CHER 15.00  
0062A001

By Title President