

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

Matthew A. Brown, Secretary of State

19665

FOR SECRETARY OF STATE USE ONLY

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

401.222.3040

PROFIT CORPOI	RATION A	NNUAL REPOR	RT FOR THE YEAR	≥ 20	05
Filing Period: January 1 - M FORM MUST BE TYPED OR PRIM	farch I 🔸 🛭 F.	Hing Fee: \$50.00			
l. Corporate ID No	2. Name of Corpore	ttion		<del></del>	<del></del>
75225	1 .	to Sales, Inc.			
Street Address Principal Business (	)[fice		City	State	Zip
169 Elmwood Av	<u>enue</u>		Providence	RI	02907
401-621-8271		5. State of Incorporation RHODE ISLAN			6. SIC Code 3335
Thref Description of the Character TO OPERATE AN AUTO	of Business Conducted MOBILE SALES B	tin Rhode Island BUSINESS.		-	
3. NAMES AND ADDRESSES	OF THE OFFICE	RS: ("X" BOX FOR AT	TACHMENT)   FILL IN SE	ACES BEFORE USI	NG ATTACHMENTS
Michael D'Ambra			Vice President Name Joseph D'Ambr	a	
334 Auburn Str	eet		Siren Address 334 Auburn St	reet	i
Cranston	State RI	02910	City Cranston	State RI	02910
Michael D'Ambra	a		: Treasurer Name		
Invi Addres Same As Above	-		Street Address		
W	State	Ztp	City	State	Zip
. NAMES AND ADDRESSES Director Name	OF THE DIRECT	ORS: ("X" BOX FOR A	TTACHMENT)   FILL IN S	SPACES BEFORE US	ING ATTACHMENTS
Invi Address			Sinvi Address		
ity	State	Zi <b>p</b>	City	State	Zip
irector Name	***************************************	······································	Director Name		
trort Address			Street Address		
uy	State	Z.ip	Gity	Sinic	Zip
0. SHARES AUTHORIZED ( UTHORIZED SHARES	("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED ("X	  *** BOX FOR ATTAC	HMENT)
tumber of Shares	Class Series	Par Value	Number of Shares	ClassiSeries	Par Value
1,000 COMM NO PAR VALU	JE		100	Common	No Par
			<u> </u>		
This report must be s	igned in ink by e	ither the President, Vice	President, Secretary, Assistant	Secretary, Treasurer.	Receiver or Trustee
			Under penalty of perjur	y, I declare and affirm	that I have examined this report.
File Date 2-7-05			contained herein are to		FCB-2-05
1911	<u></u>		Signature of Officer	<del>( ,                                   </del>	Date

Michael D'Ambra Print or Type Name of Officer

President

Title of Officer

Form 630 Rev. 12/03



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 301-222 2040

Matthew A. Brown, Secretary of State 401.222.3040 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_ 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) L. Corporate ID No. 2. Name of Corporation 75225 D'Ambra Auto Sales, Inc. 3. Street Address Principal Business Office 02907 169 Elmwood Avenue Providence Business Phone No. 5 State of Incorporation 6. SIC Code 401-621-8271 RHODE ISLAND 3335 7. Brief Description of the Character of Business Conducted in Rhode Island TO ÓPERÁTE AN AUTOMOBILE SALES BUSINESS. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Michael D'Ambra Joseph D'Ambra Street Address Street Address 334 Auburn Street 334 Auburn Street State Cranston 02910 RI02910 Cranston RI Secretary Name Treasurer Name Michael D'Ambra Street Address Street Address Same As Above State *7.1*p 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Since Address Street Address CdyState Zip City Zip Director Name Director Name Street Address Street Address City State Zip Cuy State 2.40 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class Series Par Value Number of Shares Class/Series 1,000 COMM NO PAR VALUE 100 No Par Common 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 berein are true and File Date Signature of Officer Michael D'Ambra

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Officer



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

7.10

Par Value

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_

	1.		., -, -, -			
: 1	ling	Period:	lanuary	1-March 1 •	Filing	Fee: \$50.00



GORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
75225	D'Ambra Auto Sales, Inc.			<b>9</b> ·
3. Street Address Principal Bi	usiness Office	City	State RI	Zip
169 Elmw	ood Avenue	Providence	KI	

o. SIC Code 5. State of Incorporation 4. Business Phone No. 3335 401-621-8271 RHODE ISLAND

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

City

Director Name

#### Used Car Sales FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name Joseph D'Ambra Michael D'Ambra

Street Address Street Address 334 Auburn Street 334 Auburn Street State Z. p RI Cranston RI Cranston Treasurer Name Secretary Name

Michael D'Ambra Street Address Street Address Same As Above State Zip State

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

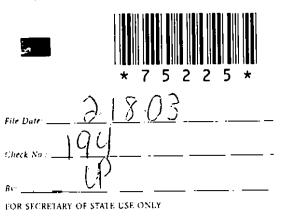
Street Address Street Address Zip State City City Director Name Director Name Street Address Street Address

Zip State City State City

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Class/Series Number of Shares

Par Value Class/Series Number of Shares No Par 100 Common 1,000 COMM 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 frue and correct.









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

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

(LAGK)				
2. Name of Corporal	ш			
D'Ambra Au	to Sales, Inc.			
		City	State	Zip
169 Elmw	ood Avenue	Providence	RI	02907
	5. State of Incorporation			6. SIC Code
01-621-8271	RHODE ISLAND			3335
	t Kito:le Island			
ESSES OF THE OFFI	CERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEFO	ORE USING ATTAC	HMENTS
		Vice President Name		
ora		Joseph D'Ambra		
treet		334 Auburn Street		
State	Zip	$\mathrm{c} u_{r}$	State	Zip
RI		Cranston	RI	
		Treusurer Name		
ora				
		Street Address		
<b>e</b>				
State	/ <b>:</b> p	City	State	Zip
ESSES OF THE DIRE	CTORS ("X" BOX FOR AITA	CHMENT) FILL IN SPACES BY Director Name	EFORE USING ATT.	ACHMENTS
		Street Address		
State	Ζίρ	City	State	Zip
		Director Nume		
		Street Address		•
State	Z.cp	City	State	Zip
ZED ("X" BOX FOR ATTA	(CHMENT)	11. SHARES ISSUED ("X" BI	OX FOR ATTACHMEN	r)
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	D'Ambra Aut  169 Elmw  169 Elmw  169 Elmw  169 Elmw  169 Elmw  160 Esses Conducted in  160 Esses Of The Office  160 Car Sales  160 Esses Of The Office  160 Esses Of The Direct  160 State  160 State	D'Ambra Auto Sales, Inc.  ess Office  169 Elimwood Avenue  5. Mate of Incorporation  O1-621-8271 RHODE ISLAND  oter of Business Conducted in Rinde Island  Seed Car Sales  ESSES OF THE OFFICERS ("X" BOX FOR ATTACK  Ora  Creet  State Zip  RI  Ora  State Zip  State Zip  State Zip  State Zip  State Zip	D'Ambra Auto Sales, Inc.  169 Elimwood Avenue  2. Mate of Incorporation  D1-621-8271 RHODE ISLAND  Ceter of Business Conducted in Rhode Island  Seed Car Sales  ESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORM  Dra Joseph D'Ambra  Steet Address  ETREE Aip City  RI Cranston  Trensurer Name  State Aip City  ESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BID  Director Name  State Aip City  ESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BID  Director Name  State Aip City  Director Name  State Aiddress  State Aip City  Director Name  Street Address  State Aip City  Director Name  Street Address	D'Ambra Auto Sales, Inc.  D'Ambra Auto Sales, Inc.  169 Elimwood Avenue  S. Mate of Incorporation  D'Ambra Auto Sales, Inc.  S. Mate of Incorporation  D'Ambra Auto Sales  Seed Car Sales  ESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENT  Ora  Joseph D'Ambra  Steet Address  Dra  State  Alp  City  State  Cranston  RI  Besident Name  Dra  State  State  Alp  City  State  State  State  Alp  City  State  State  State  Alp  City  State  State  Alp  City  State  State  State  State  Alp  City  State  St

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



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

Signature of Officer

Michael D'Ambra

Print or Type Name of Officer President

little of Officer

Ferni 630 - 12/21

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 225

File Date: \_

FOR SECRETARY OF STATE USE ONLY

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

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

<sup>2</sup> Name of Corporation D'Ambra Auto Sales, Inc.

2001

3. Street Address Principal Busines	s Office 169 Elmwood	Avenue	city <b>Providence</b>	State RI	Zip <b>02907</b>
4. Business Phone No		5 State of Incorpora RHODE IS	ition 1 AND		6. S <b>6</b> 3333
401–621–8271 Brief Description of the Charact	er of Business Conducted i				
Used Car Sales 8. NAMES AND ADDRE President Name	SSES OF THE OFF	CERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACES I	BEFORE USING ATTA	CHMENTS
Michael D'Anbra			Joseph D'Ambra Street Address		
334 Aubum Stree	State	Zıp	334 Aubum Street.	State	Zip
Cranston Secretary Name	RI		Cranston Treasurer Name	ŢЯ	
Michael D'Antora Street Address			Street Address		
cay 334 Aubum Stree	State	Zip	City	State	Zıp
Cranston 9. NAMES AND ADDRE Director Name	RI SSES OF THE DIR	ECTORS ("x" box for	R ATTACHMENT) FILL IN SPACE Director Name	S BEFORE USING AT	TACHMENTS
Street Address			Street Address		
Dity	State	Zip	City	State	Zıp
Strector Name			Director Name		
itreet Address			Street Address		
City	State	Zip	Gity	State	Zip
10. SHARES AUTHORIZ.	ED (*x* box for att	ACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X° BOX FOR ATTACHMEN	NT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM	NO PAR VAL		100	Common	No Par
his report must be <b>sig</b>	n <b>ed in ink</b> by eitl	ner the President, V	ice President, Secretary, Assis	stant Secretary, Trea	surer, Receiver or Truste
					复产

Print or Type Name of Officer

President

Ittle of Officer

Michael D'Ambra

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and



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

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

3. Street Addres	55225 Striktifial Husiness Offi	<sub>ic</sub> D'Ambra Auto	Sales, Inc.	City	State	Zip
4. Business Pho	ne No.	169 Elmwood	Avenue 5. State of Incorporation	Providence	RI	02907 6. SIC Code
7. Brief Descrip	401-621-827	] Business Conducted in Rh	ode RHODE ISLAND			3335
8. NAMES President Name		les s of the office	RS ("X" BOX FOR ATTACH	MENT) FILL IN SPACES BEFO	DRE USING ATTACHME	NTS
Street Address	Michael D'Am	mbra		Joseph D'Ambra Street Address		
City	334 Auburn S	Street State	Zip	334 Auburn Street	State	Zip
Secretary Name	Cranston	RI		Cranston Treasurer Name	RI	
Street Address	Michael D'A	mbra		Street Address		
City	334 Auburn	Street State	Zip	City	State	Zip
9. NAMES Director Name	Cranston AND ADDRESSE	RI S OF THE DIRECT	FORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES BI Director Name	EFORE USING ATTACH!	MENTS
Street Address				Street Address		
Clry		State	Zip	City	State	Zip
Director Name				Director Name		
Street Address				Street Address		
City		State	Zip	City	State	Zip
10. SHARE		(*X* BOX FOR ATTAC	нмент)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Sho	ares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	SHS COMM NO	PAR VAL		100	Common	No Par
			•		•	•

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

* FLED 5 *	
File Date:	_
Check No.: FEB 1 5 2000	_
By:	_
FOR SECRETARY OF STATE USE ONLY	

	** #P
Under penalty of perjury, I declare	
this report, including any accompa	nying schedules and statements, and
that all statements contained herel	n age true and correct.
Muhal Wix	hu Ftb-11-200
Signature of Officer	Date
Michael D'Ambra	
Print or Type Name of Officer	<del></del>
President	



Title of Officer



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

1999



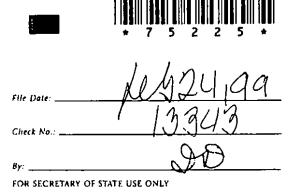
## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR.

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

1. Corporate 1D 75225

<sup>2</sup>D'Ambra/Auto Sales, Inc.

Street Address Principal Business Off			City	State	21p
169 Elmwood .	Avenue	5 RHODE IS LIAND	Providence	RI	02907 6. sr <b>8335</b>
401-621-8271		MINODENDERIND			0000
Brief Description of the Character of	Business Conducted In	Rhode Island			
Used car sal B. NAMES AND ADDRESSE		CERS ("X" BOX FOR ATTACHM	(ENT) FILL IN SPACES BEF	ORE USING ATTAC	HMENTS
resident Name			Vice President Name		
Michael D'Ambra			Joseph D'Ambra Street Address		
334 Auburn Street	State	Zip	334 Auburn Street	State	Zip
Cranston ecretury Name	RI		Cranston Treasurer Name	RI	
Michael D'Ambra			Street Address		
334 Auburn Street	State	Zip	City	State	21p
Cranston  Director Name	RI S OF THE DIRE	CTORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BE	EFORE USING ATTA	ACHMENTS
Street Address			Street Address		
Stty	State	Zip	City	State	ZIp
Director Name			Director Name		
itreet Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	(*X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMEN	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM NO	PAH VAL		100	Common	No Par



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 D'Ambra

Print or Type Name of Officer

President

Bile of Officer





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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

SI	OP)
PLEASE INSTRUC	TIONS

(FORM MUST BE TYPED IN BL	.ACK)				
1. Corporate ID No. <b>75225</b>	2. Name of Carporati D'Ambra Au	on to Sales, Inc.			
3. Street Address Principal Busines	ss Office		City	State	Zip
169 Elmwood Avent	æ		Providence	RI	02907
4. Business Phone No.		5. State of Incorpora			6. SIC Code
401-621-8271		RHODE ISI	_AND		3335
7. Brief Description of the Charact	ter of Business Conducted in	Rhode Island			
Used Car Sales					
8. NAMES AND ADDRE	SSES OF THE OFFIC	CERS ("X" BOX FOR A	TTACHMENT) Vice President Name		
Michael D'Ambra			Joseph D'Anbra		
Street Address			Street Address		•
334 Aubum Street	t.		334 Aubum Street	-	
City	State	Zip	City	State	Zip
Cranston	RI		Cranston	RI	
Secretary Name			Treasurer Name		
Michael D'Ambra					<del>-</del>
Street Address 334 Auburn Street	t		Street Address		
City	State	Zip	City	State	Zip
Cranston	RI				
9. NAMES AND ADDRE	SSES OF THE DIRE	CTORS ("X" BOX FO	R ATTACHMENT)		
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	τ)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMM	NO PAR VAL		100	Саттоп	No Par

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



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

Ž.

Michael D'Ambra Print or Type Name of Officer

 President Title of Officer



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

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### PROFIT CORPORATION ANNUAL REPORT 1997

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

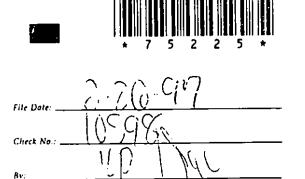
<b>(FORM MUST</b>	BE	TYPED	IN	RI.A	CK.
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I. Carrerate ID No.

<sup>2</sup>D'Ambra Auto Sales, Inc.

3. Street Address Principal Busini	ess Office		City	0	00007
169 Elmwood Avenue	2		Providence	RI	02907
4. Business Phone No.		ZHOPE.ISIT	КИD		6.3335 Code
401-621-8271					
7. Brief Description of the Charm	cter of Business Conducted In	Rhode Island			
Used Car Sales					
8. NAMES AND ADDR	esses of the offic	CERS ("X" BOX FOR AT			
President Name			Vice President Name		
Michael D'Ambra			Joseph D'Ambra		
Street Address			Street Address		
334 Aubum Street			334 Auburn Street	fa.a.	Zip
City	State	Zip	City	State RI	2.17
Cranston	RI		Cranston	I/I	
Secretary Name Michael D'Ambra			Treasurer Name		
Street Address			Street Address		
334 Aubum Street					
City	State	Zip	City	State	Zip
Cranston	κI				
9. NAMES AND ADDR	ESSES OF THE DIRE	CTORS ("X" BOX FOR			
Director Name			Director Name		
Samuel Address			Street Address		
Street Address					
City	State	Zip	City	State	Zip
•					
Director Name		•	Director Name		
			Street Address		
Street Address			J		
City	State	Zip	Cuy	State	Zip
10. SHARES AUTHORI	IZED AND ISSUED (	"X" BOX FOR ATTACHME	(TM:		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Vulue
1,000 SHS COMM	NO PAR VAL		100	Common	No Par

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



FOR SECRETARY OF STATE USE ONLY

enature of Officer Date

Michael D'Anbra

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Print or Type Name of Officer

Fresident

÷ .

Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

1996



State of Knode 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.

_					
CORPORATE ID NO. 2. NAME	OF CORPORATION				• . •
75225	D'Ambra A	uto Sales,	Inc.		
STREET ADDRESS PRINCIPAL BUSINESS OFFICE	•		any	STATE	ZIP CODE **
169 Elmwood Avenue визмеза <del>моче</del> но.	5 SI	TATE OF INCORPORATION	Providence	RI	02907 6. SHC 000E
401-621-8271		RHODE I	SLAND		3335
RIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CO	HOUCTED IN RHOOE ISLAND	• •	•		
Used Car Sales					
	8. NAMES	S AND ADD	RESSES OF THE OFFI	CERS	
SIDENT NAME			VICE PRESIDENT NAME		
Michael D'Ambra EETADORESS			Joseph D'Ambra		
334 Auburn Street	_		334 Auburn Stree		* 70 coor · =
STATE		ZIP CODE	Conneton	STATE	ZIP CODE
Cranston RETARY NAME	RI		Cranston TREASURER NAME	RI	
· -			The same of the sa		
Michael D'Ambra		-	STREET ADDRESS		<del>-</del> ·
334 Auburn Street					
STATE STATE	<del></del>	ZIP COOE	aty	STATE	DP COOE
Cranston	RI				
	9. NAME!	S AND ADD	RESSES OF THE DIRI	ECTORS	
RECTOR NAME					
REET ADDRESS			STREET ADDRESS	· <del></del>	
y . • · · · STATE	<del></del>	ZIP COOE	ary —	STATE -	ZP COOE -
ECTOR NAME			OPPECTOR NAME	-	
REET ADDRESS	- <del></del>		STREET ADDRESS		
STATE		ZP C006	âty	STATE	ZIP CODE
	10. SHAI	RES AUTHO	RIZED AND ISSUED	•	
AUTHO!	RIZED SHARES		-	ISSUED SHARES	
	ASS / SERRES	PAR VALUE	HUMBER OF SHARES	CLASS / SERIES	PARVALUE
1,000 SHS COMM N	O PAR VAL	-	<u>10¢</u>	_Common .	No Par
					_
		*		·· — • ~	<del></del>
	This was	nort must be S	IGNED IN INK by aithor tha		
President	This re	port must be S	IGNED IN INK by either the istant Secretary Treasurer. F	Receiver or Truste	ee <b>m</b> e
President,	This re Vice President,	port must be <b>S</b> Secretary, Ass	istant Secretary, Treasurer, F		ee affirm that I have examine

File Date:

Check No:

By:

For Secretary of State Use Only

Michael D'Ambra
Print or Type Name of Officer

Y\_/Withail
Signature of Officer

2 - 13 - 4 p

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

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

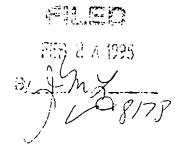
Michael D'Ambra 334 Auburn St. Cranston, RI CEGATATE 7PFCA  JOSEPH D'Ambra " " " " " " " " " " " " " " " " " " "	00	075225		HE FORM WILL BE R	1995			
Name of Corporation:  Surses entity is (check one):  For foreign entity, address and telephone number of principal office:    X   Business Entity is (check one):   X   Business Corporation (See RIGI, Chapter 7-1,1)     I Professional Service Corporation (See RIGI, Chapter 7-5,1)     Brief statement of the character of business conducted in Rhode Island:   Used Car Sales	Corporate ID:				e year:			
For foreign entity, address and telephone number of principal office:    XI Business Corporation (See RIGI. Chapter 7-1.1)     Professional Service Corporation (See RIGI. Chapter 7-5.1)     Professional Service Corporation (See RIGI. Chapter Service Profession (See RIGI. Chapter Service Profes	Name of Corporation: _							
## Professional Service Corporation (See RIGI. Chapter 7-5.1) ## Brief statement of the character of business conducted in Rhode Island. Used Car Sales ## Address and telephone of the principal office of business entity in Rhode ## Island (Provide street address - Not PO Box): ## 169 Elimocod Avenue ## Proof. ## Proof. ## 100 Common No Par    Proof.	Business entity organized i	under the laws of the State of	RI	Business Entity is (	(check one):			
Brief statement of the character of business conducted in Rhode Island:  Phone: ( i i ) 6 1 - 3 1 1	For foreign entity, address and telephone number of principal office:		ncipal office:	· · · · · · · · · · · · · · · · · · ·				
Brief statement of the character of business conducted in Rhode Island: Used Car Sales  Address and telephone of the principal office of business entity in Rhode Island (Povide street address - Not PO Box): 169 Elmwood Avenue Providence, RT  Phone: (401) 621–6271  THE NAMES OF THE OFFICERS ARE:  PRINCIPAL ADDRESS  Michael D'Ambra  334 Auburn St. Cranston, RI  324 Auburn St. Cranston, RI  325 Auburn St. Cranston, RI  326 Auburn St. Cranston, RI  327 Auburn St. Cranston, RI  327 Auburn St. Cranston, RI  328 Auburn St. Cranston, RI  329 Auburn St. Cranston, RI  320 Auburn St. Cranston, RI  320 Auburn St. Cranston, RI  321 Auburn St. Cranston, RI  324 Auburn St. Cranston, RI  325 Auburn St. Cranston, RI  326 Auburn St. Cranston, RI  326 Auburn St. Cranston, RI  327 Auburn St. Cranston, RI  327 Auburn St. Cranston, RI  329 Auburn St. Cranston, RI  320 Auburn St. Cranston, RI  320 Auburn St. Cranston, RI  320 Auburn St. Cranston, RI  327 Auburn St. Cranston, RI  327 Auburn St. Cranston, RI  328 Auburn St. Cranston, RI  329 Auburn St. Cranston, RI  329 Auburn St. Cranston, RI  320 Auburn St. Cranston, RI  32				[   Professional S	Service Corporation (See RIG	L Chapter 7-5.1)		
Address and telephone of the principal office of business entity in Rhode				Brief statement of	the character of business cond	lucted in Rhode Island:		
Address and telephone of the principal office of business entity in Rhode Island (Provide steet address. Not PO Box):  169 Elmwood Avenue Providence, RI  Phone: (401) 621-6271  THE NAMES OF THE OFFICERS ARE:  ***PRINCIPAL AUGUSTS**  Michael D'Ambra  334 Auburn St. Cranston, RI 224,  VECT PRINCIPAL  JOSEPH D'Ambra  " " " " " " " " " " " " " " " " " "	Phone: ( 1 0 1 ) 6 2 1	Phone: (101) 621-327/			Used Car Sales			
THE NAMES OF THE OFFICERS ARE:   PRINTED	Address and telephone of t	he principal office of busines	s entity in Rhode	·				
PRINCIPE ADDRESS OF THE OFFICERS ARE:  PRINCIPE ADDRESS CONSTATE DISTANCE OF STATE O	169 Elmwood Av	venue						
PRINCE   THE NAMES OF THE OFFICERS ARE:  PRINCE   Michael D'Ambra   334 Auburn St.   Cranston, RI   2.4,7  JOSEPH D'Ambra   STREET ADDRESS   CITY/STATE   ZIPCE    MICHAEL D'Ambra   " "   "   "    MICHAEL D'Ambra   "   "   "    MAME   STREET ADDRESS   CITY/STATE   ZIPCE    NAME   STREET ADDRESS   CITY/STATE   ZIPCE    NUMBER OF SHARES AUTHORIZED (Rider may be attached)   NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)    Number of Shares   Class / Series   Number of Shares   Class / Series    1000   Common   No Par   100   Common   No Par    Date   The Name   The	Providence, R	<u> </u>						
STREET ADDRESS CITYSTATE WIFE  Michael D'Ambra 334 Audress Cranston, RI 124,  VICT PRENDENT STREET ADDRESS CITYSTATE TO STREET ADDRESS CITYSTA	Phone: (401) 621-	-8271						
STREET ADDRESS CITYSTATE WIFE  Michael D'Ambra 334 Audress Cranston, RI 12-17  VICT PRENDEST STREET ADDRESS CITYSTATE THE STREET ADD		·	THE NAMES OF	THE OFFICERS ARE	·			
STREET ADDRESS  CENSTATE  JOSEPH D'Ambra  " " " " " " " " " " " " " " " " " "						ZIP CODE		
JOSEPH D'Ambra " " " " " " " " " " " " " " " " " " "		ra				02916		
STREET ADDRESS CITYSTATE ZIPCO  Michael D'Ambra " " "  THE NAMES OF THE DIRECTORS ARE:  NAME STREET ADDRESS CITYSTATE ZIPCO  NUMBER OF SHARES AUTHORIZED (Rider may be attached)  Number of Shares Class / Series  Number of Shares Class / Series  1000 Common No Par 100 Common No Par  Date 2 2 2 19 45 By:  Michael D'Ambra				ADDRESS		ZIP CODE		
Michael D'Ambra  " " " " " " " " " " " " " " " " " " "		<u> </u>		··· <del>-</del>				
THE NAMES OF THE DIRECTORS ARE:  NAME  STREET ADDRESS  CITY/STATE  STREET ADDRESS  CITY/STATE  ADDRESS  CITY/STATE  CPCC  NAME  STREET ADDRESS  CITY/STATE  CPCC  NAME  NUMBER OF SHARES AUTHORIZED (Rider may be attached)  Number of Shares  Class / Series  Number of Shares  Class / Series  1000  Common No Par  Michael D'Ambra				ADDRESS		ZIP CODE		
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	Date _ Talk	, 19 <i>G</i>						
Drapt Arm				IR TYPE NAME OF OFFICER SIGNING	<del>;</del>			

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.

JOSEPH D'AMBRA 169 ELMWOOD AVENUE PROVIDENCE RI 02907

Form 31 1/95



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