



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 75225		2. Name of Corporation D'Ambra Auto Sales, Inc.			
3. Street Address Principal Business Office 169 Elmwood Avenue			City Providence	State RI	Zip 02907
4. Business Phone No 401-621-8271		5. State of Incorporation RHODE ISLAND			6. SIC Code 3335
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE AN AUTOMOBILE SALES BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael D'Ambra			Vice President Name Joseph D'Ambra		
Street Address 334 Auburn Street			Street Address 334 Auburn Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Michael D'Ambra			Treasurer Name		
Street Address Same As Above			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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			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 COMM 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



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 D'Ambra Date: FEB 2 2005

Michael D'Ambra

Print or Type Name of Officer

President

Title of Officer

Form 630 Rev. 12/03

File Date	2-7-05
Check No.	19665
By:	KAB
FOR SECRETARY OF STATE USE ONLY	



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

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

1. Corporate ID No. 75225		2. Name of Corporation D'Ambra Auto Sales, Inc.			
3. Street Address Principal Business Office 169 Elmwood Avenue			City Providence	State RI	Zip 02907
4. Business Phone No. 401-621-8271		5. State of Incorporation RHODE ISLAND			6. SIC Code 3335
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE AN AUTOMOBILE SALES BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael D'Ambra			Vice President Name Joseph D'Ambra		
Street Address 334 Auburn Street			Street Address 334 Auburn Street		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Michael D'Ambra			Treasurer Name		
Street Address Same As Above			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			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			100	Common	No Par

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



* 7 5 2 2 5 *

File Date 2-17-04
Check No. 185061
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.

Michael D'Ambra FEB-13-04
Signature of Officer Date

Michael D'Ambra
Print or Type Name of Officer
President

Title of Officer



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

EDWARD J. LUTHER, 440, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. 2. Name of Corporation

75225 D'Ambra Auto Sales, Inc.

3. Street Address Principal Business Office

169 Elmwood Avenue

City

Providence

State

RI

Zip

4. Business Phone No.

401-621-8271

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3335

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

Used Car Sales

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

President Name

Michael D'Ambra

Vice President Name

Joseph D'Ambra

Street Address

334 Auburn Street

Street Address

334 Auburn Street

City State Zip

Cranston RI

City State Zip

Cranston RI

Secretary Name

Michael D'Ambra

Treasurer Name

Street Address

Same As Above

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

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

1,000 COMM 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



* 7 5 2 2 5 *

File Date: 2/18/03

Check No: 194

By: UP

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: Michael D'Ambra Date: JAN-18-03

Print or Type Name of Officer: PRES MICHAEL D'AMBRA

Title of Officer: PRES



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. 2. Name of Corporation

75225 D'Ambra Auto Sales, Inc.

3. Street Address Principal Business Office

169 Elmwood Avenue

City

Providence

State

RI

Zip

02907

4. Business Phone No.

401-621-8271

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3335

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

Used Car Sales

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

President Name

Michael D'Ambra

Vice President Name

Joseph D'Ambra

Street Address

334 Auburn Street

Street Address

334 Auburn Street

City State Zip

Cranston

RI

City State Zip

Cranston

RI

Secretary Name

Michael D'Ambra

Treasurer Name

Street Address

Same As Above

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

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

1,000 COMM 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



* 7 5 2 2 5 *

File Date: 2-19-02

Check No: 17503

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.

Michael D'Ambra 2-13-02
Signature of Officer Date

Michael D'Ambra

Print or Type Name of Officer

President

Title of Officer

5

Form 630-12921



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

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



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. **75225** 2. Name of Corporation **D'Ambra Auto Sales, Inc.**

3. Street Address Principal Business Office **169 Elmwood Avenue** City **Providence** State **RI** Zip **02907**

4. Business Phone No. **401-621-8271** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5335**

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

Used Car Sales

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

President Name Michael D'Ambra Street Address 334 Auburn Street City Cranston State RI Zip 02907	Vice President Name Joseph D'Ambra Street Address 334 Auburn Street City Cranston State RI Zip 02907
Secretary Name Michael D'Ambra Street Address 334 Auburn Street City Cranston State RI Zip 02907	Treasurer Name Michael D'Ambra Street Address 334 Auburn Street City Cranston State RI Zip 02907

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

Director Name Michael D'Ambra Street Address 334 Auburn Street City Cranston State RI Zip 02907	Director Name Michael D'Ambra Street Address 334 Auburn Street City Cranston State RI Zip 02907
Director Name Michael D'Ambra Street Address 334 Auburn Street City Cranston State RI Zip 02907	Director Name Michael D'Ambra Street Address 334 Auburn Street City Cranston State RI Zip 02907

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

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

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

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

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



* 7 5 2 2 5 *

File Date: 2/26

Check No: 16364

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 Michael D'Ambra Date FEB-22-01

Print or Type Name of Officer Michael D'Ambra

Title of Officer President



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

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 Address **75225 D'Ambra Auto Sales, Inc.**

City State Zip
Providence RI 02907

4. Business Phone No. 5. State of Incorporation

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
401-621-8271 RHODE ISLAND

3335

Used Car Sales

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

President Name

Vice President Name

Michael D'Ambra

Joseph D'Ambra

Street Address

Street Address

334 Auburn Street

334 Auburn Street

City State Zip

City State Zip

Cranston RI

Cranston RI

Secretary Name

Treasurer Name

Michael D'Ambra

Street Address

Street Address

334 Auburn Street

City State Zip

City State Zip

Cranston RI

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

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1,000 SHS COMM NO PAR VAL

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



* 7 5 2 3 5 *

FILED

File Date: **FEB 15 2000**

Check No.: **0014885**

By: **Michael D'Ambra**

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 D'Ambra **FEB-11-2000**
Signature of Officer Date

Michael D'Ambra

Print or Type Name of Officer

President

Title of Officer





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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID **75225** 2. **D'Ambra Auto Sales, Inc.**

3. Street Address Principal Business Office

169 Elmwood Avenue

City

Providence

State

RI

Zip

02907

4. Business Phone No.

401-621-8271

5. **RHODE ISLAND**

6. **3335**

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

Used car sales

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

President Name

Michael D'Ambra

Street Address

334 Auburn Street

City

State

Zip

Cranston

RI

Secretary Name

Michael D'Ambra

Street Address

334 Auburn Street

City

State

Zip

Cranston

RI

Vice President Name

Joseph D'Ambra

Street Address

334 Auburn Street

City

State

Zip

Cranston

RI

Treasurer Name

Street Address

City

State

Zip

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

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

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



* 7 5 2 2 5 *

File Date: Feb 24, 1999

Check No.: 13343

By: JD

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 D'Ambra FEB-18-99
Signature of Officer Date

Michael D'Ambra

Print or Type Name of Officer

President

Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **75225** 2. Name of Corporation **D'Ambra Auto Sales, Inc.**

3. Street Address Principal Business Office **169 Elmwood Avenue** City **Providence** State **RI** Zip **02907**
4. Business Phone No. **401-621-8271** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3335**

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

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

President Name Michael D'Ambra	Vice President Name Joseph D'Ambra
Street Address 334 Auburn Street	Street Address 334 Auburn Street
City Cranston State RI Zip	City Cranston State RI Zip
Secretary Name Michael D'Ambra	Treasurer Name
Street Address 334 Auburn Street	Street Address
City Cranston State RI Zip	City State Zip

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

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

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



* 7 5 2 2 5 *

File Date: **2.27.98**
Check No.: **11878**
By: **MP**
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 D'Ambra** Date **2-25-98**

Print or Type Name of Officer
Michael D'Ambra

Title of Officer
President



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

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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Copyright ID No. **75225** 2. Name of Corporation **D'Ambra Auto Sales, Inc.**

3. Street Address Principal Business Office
169 Elmwood Avenue City **Providence** State **RI** Zip **02907**
4. Business Phone No. **401-621-8271** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3336**

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

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

President Name Michael D'Ambra	Vice President Name Joseph D'Ambra
Street Address 334 Auburn Street	Street Address 334 Auburn Street
City Cranston State RI Zip	City Cranston State RI Zip
Secretary Name Michael D'Ambra	Treasurer Name
Street Address 334 Auburn Street	Street Address
City Cranston State RI Zip	City State Zip

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



File Date: **2-20-97**
Check No.: **10598**
By: **MD**
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 D'Ambra** **2-25-97**
Signature of Officer Date
Michael D'Ambra
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION
ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 75225
2. NAME OF CORPORATION D'Ambra Auto Sales, Inc.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 169 Elmwood Avenue
CITY Providence STATE RI ZIP CODE 02907
4. BUSINESS PHONE NO. 401-621-8271
5. STATE OF INCORPORATION RHODE ISLAND
6. SIC CODE 3335
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Used Car Sales

8. NAMES AND ADDRESSES OF THE OFFICERS
PRESIDENT NAME Michael D'Ambra
STREET ADDRESS 334 Auburn Street
CITY Cranston STATE RI ZIP CODE
VICE PRESIDENT NAME Joseph D'Ambra
STREET ADDRESS 334 Auburn Street
CITY Cranston STATE RI ZIP CODE
SECRETARY NAME Michael D'Ambra
STREET ADDRESS 334 Auburn Street
CITY Cranston STATE RI ZIP CODE
TREASURER NAME
STREET ADDRESS
CITY STATE ZIP CODE

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

10. SHARES AUTHORIZED AND ISSUED
NUMBER OF SHARES 1,000 SHS COMM NO PAR VAL
AUTHORIZED SHARES CLASS / SERIES PAR VALUE
NUMBER OF SHARES 100
ISSUED SHARES CLASS / SERIES PAR VALUE Common No Par

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

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

File Date: 2/27/96
Check No: 9453
By: CCR / RFB
For Secretary of State Use Only

Signature of Officer Michael D'Ambra
Michael D'Ambra
President
Date 2-23-96

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

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

0075225

1995

Corporate ID: _____ Annual Report for the year: _____

Name of Corporation: D'Ambra Auto Sales, Inc.Business entity organized under the laws of the State of: RI

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

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)Phone: (401) 621-8271

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 P.O. Box):

169 Elmwood AvenueProvidence, RIPhone: (401) 621-8271**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Michael D'Ambra	334 Auburn St.	Cranston, RI	02916
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Joseph D'Ambra	"	"	"
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Michael D'Ambra	"	"	"
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
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

1000

Common

No Par

100

Common

No Par

Date Feb 22, 19 95By: Michael D'Ambra

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

Michael D'Ambra

Form 31 1/95

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'AMERA
169 ELMWOOD AVENUE
PROVIDENCE RI 02907

FILED

FEB 24 1995

[Signature]
8178