



**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. 115627		2. Name of Corporation Marketing Resources Group, Inc.			
3. Street Address Principal Business Office 400 NARRAGANSETT PARKWAY ED-1			City WARWICK	State RI	Zip 02888-4547
4. Business Phone No. 401 781-5771		5. State of Incorporation RHODE ISLAND		6. SIC Code 7286	
7. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING SERVICES TO AUTO DEALERS AND OTHERS IN THE AUTO RELATED INDUSTRIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WALTER L. CRONIN			Vice President Name		
Street Address 400 NARRAGANSETT PARKWAY ED-1			Street Address		
City WARWICK	State RI	Zip 02888-4547	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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	NONE

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



File Date 1-18-05  
Check No. 349  
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.

Walter L. Cronin 1-13-2005  
Signature of Officer Date  
WALTER L. CRONIN  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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1. Corporate ID No. 115627		2. Name of Corporation Marketing Resources Group, Inc.			
3. Street Address Principal Business Office 400 NARRAGANSETT PARKWAY ED-1			City WARWICK	State RI	Zip 02888-4546
4. Business Phone No. 401 781-5771		5. State of Incorporation RHODE ISLAND		6. SIC Code 7286	
7. Brief Description of the Character of Business Conducted in Rhode Island CONSULTING SERVICES TO AUTO DEALERS AND OTHERS IN THE AUTO RELATED INDUSTRIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name WALTER L. CRONIN			Vice President Name NONE		
Street Address 400 NARRAGANSETT PARKWAY ED-1			Street Address NONE		
City WARWICK	State RI	Zip 02888-4546	City	State	Zip
Secretary Name			Treasurer Name WALTER L. CRONIN		
Street Address NONE			Street Address 400 NARRAGANSETT PARKWAY ED-1		
City	State	Zip	City WARWICK	State RI	Zip 02888-4546
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name WALTER L. CRONIN			Director Name		
Street Address 400 NARRAGANSETT PARKWAY ED-1			Street Address		
City WARWICK	State RI	Zip 02888-4546	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



\* 1 1 5 6 2 7 \*

File Date **FILED**  
JAN 12 2004  
Check No. **10116663 GAD**  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer Walter L. Cronin Date 1-8-2004  
Print or Type Name of Officer WALTER L. CRONIN  
Title of Officer PRESIDENT - TREASURER



**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. **115627** 2. Name of Corporation **Marketing Resources Group, Inc.**  
3. Street Address Principal Business Office **400 NARRAGANSETT PARKWAY ED-1** City **WARWICK** State **RI** Zip **02888**  
4. Business Phone No. **401/781-5771** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7286**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**CONSULTING SERVICES TO AUTO DEALERS**

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

President Name <b>WALTER L. CRONIN</b>	Vice President Name
Street Address <b>400 NARRAGANSETT PARKWAY ED-1</b>	Street Address
City <b>WARWICK</b> State <b>RI</b> Zip <b>02888</b>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name	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
<b>1,000</b>	<b>COMM</b>	<b>NO PAR VALUE</b>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>None</b>

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



\* 1 1 5 6 2 7 \*

File Date: **1-24-03**  
Check No.: **272**  
By: **UP**

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: **Walter L. Cronin** Date: **1-22-2003**  
Print or Type Name of Officer: **WALTER L. CRONIN**  
Title of Officer: **PRESIDENT**



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **115627** 2. Name of Corporation **Marketing Resources Group, Inc.**  
3. Street Address Principal Business Office **234 President Ave Providence RI** Zip **02906**  
4. Business Phone No. **401-521-5757** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Consulting services to auto Dealers**

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

President Name <b>Walter L Cronin</b>	Vice President Name
Street Address <b>234 President Ave</b>	Street Address
City State Zip <b>Providence RI 02906</b>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name	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 None**

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



\* 1 1 5 6 2 7 \*

File Date: 1-17-02  
Check No.: 183  
By: [Signature]

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

Signature of Officer Walter L Cronin Date 1/30/02  
Print or Type Name of Officer Walter L Cronin  
Title of Officer President