



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 IN BLACK)

1. Corporate ID No. 107930		2. Name of Corporation CREW AUTO BODY, INC.		
3. Street Address Principal Business Office 620 POND STREET		City WOONSOCKET	State RI	Zip 02895-
4. Business Phone No. 4017625252		5. State of Incorporation RHODE ISLAND		6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM AUTO BODY REPAIR AND RELATED SERVICES.				
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Kevin Patras		Vice President Name Susan Patras		
Street Address 154 Phillips Hill Road		Street Address 154 Phillips Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI
Secretary Name Kevin Patras		Treasurer Name Susan Patras		
Street Address 154 Phillips Hill Road		Street Address 154 Phillips Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI
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
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES	
300 NO PAR VALUE			Number of Shares	Class/Series
			300	Common
				no par

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



1 0 7 9 3 0

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.

Susan Patras
Signature of Officer
Date 2-2-04

Kevin Patras

Print or Type Name of Officer

President

Title of Officer

107930 DBC 01/13/04 12:06:39 PM

File Date

2-3-04

Check No.

2033

By:

Kevin Patras

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND
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Matthew A. Brown, Secretary of State
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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 IN BLACK)

1. Corporate ID No. 107930		2. Name of Corporation CREW AUTO BODY, INC.			
3. Street Address Principal Business Office 620 POND STREET		City WOONSOCKET	State RI	Zip 02895-	
4. Business Phone No. 4017625252		5. State of Incorporation RHODE ISLAND		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PERFORM AUTO BODY REPAIR AND RELATED SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KEVIN PATRAS		Vice President Name SUSAN PATRAS			
Street Address 154 PHILLIPS HILL ROAD		Street Address 154 PHILLIPS HILL ROAD			
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name KEVIN PATRAS		Treasurer Name SUSAN PATRAS			
Street Address 154 PHILLIPS HILL ROAD		Street Address 154 PHILLIPS HILL ROAD			
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
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
300 NO PAR VALUE			300	COMMON	NO PAR

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



1 0 7 9 3 0

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.

Kevin Patras 2-2-05
Signature of Officer Date
KEVIN PATRAS KEVIN PATRAS
Print or Type Name of Officer
PRESIDENT
Title of Officer

107930 DBC 01/25/05 03:32:00 PM

File Date 2-10-05

Check No. 10847

By: KB

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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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)



1. Corporate ID No.

107930

2. Name of Corporation

CREW AUTO BODY, INC.

3. Street Address Principal Business Office

620 Pond Street

City

Woonsocket

State

RI

Zip

02895

4. Business Phone No.

(401) 762-5252

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

Auto Body Repair

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

President Name

Kevin Patras

Vice President Name

Susan Patras

Street Address

154 Phillips Hill Road

Street Address

154 Phillips Hill Road

City

Coventry

State

RI

Zip

02816

City

Coventry

State

RI

Zip

02816

Secretary Name

Kevin Patras

Treasurer Name

Susan Patras

Street Address

154 Phillips Hill Road

Street Address

154 Phillips Hill Road

City

Coventry

State

RI

Zip

02816

City

Coventry

State

RI

Zip

02816

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

Director Name

None

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

300 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

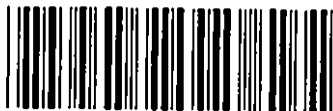
Par Value

300

common

none

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



* 1 0 7 9 3 0 *

File Date:

1-21-03

Check No.:

2142

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

Kevin Patras

President

Date

1-18-03

Title of Officer

5

Susan Patras

Vice President

Form 630 12/02



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

107930

CREW AUTO BODY, INC.

3. Street Address Principal Business Office

620 POND STREET

City

WOONSOCKET

State

R.I.

Zip

02895

4. Business Phone No.

401-762-5252

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

Auto body repair

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

KEVIN PATRAS

Vice President Name

SUSAN PATRAS

Street Address

21 WEB AVENUE

Street Address

Home

21 WEB AVENUE

City

State

Zip

North Kingstown RI

02852

City

State

Zip

North Kingstown RI

02852

Secretary Name

SAME AS ABOVE

Treasurer Name

SAME AS ABOVE

Street Address

Street Address

BUSINESS ABOVE

City

State

Zip

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)

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

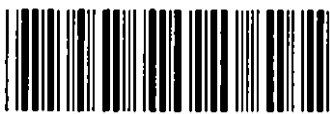
Class/Series

Par Value

300 NO PAR VALUE

300 COMMON NO PAR

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



* 1 0 7 9 3 0 *

File Date: 2/28/02

Check No.: 1694

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] 1-30-02
Signature of Officer Date

SUSAN PATRAS
Print or Type Name of Officer

VICE PRESIDENT / TREASURER
Title of Officer



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. **107930** 2. Name of Corporation **CREW AUTO BODY, INC.**
3. Street Address Principal Business Office **620 Pond St.** City **Woonsocket** State **RI** Zip **02895**
4. Business Phone No. **(401) 762-5252** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

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

auto body repair and related services

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

President Name	Kevin Patras	Vice President Name	Susan Patras
Street Address	620 Pond St.	Street Address	620 Pond St.
City	Woonsocket	City	Woonsocket
State	RI	State	RI
Zip	02895	Zip	02895
Secretary Name	Kevin Patras	Treasurer Name	Susan Patras
Street Address	620 Pond St.	Street Address	620 Pond St.
City	Woonsocket	City	Woonsocket
State	RI	State	RI
Zip	02895	Zip	02895

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

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
300 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
300	Common	no-par

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



* 1 0 7 9 3 0 *

File Date: 2/20

Check No.: 11666

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer [Signature] Date 2-16-01

Print or Type Name of Officer Kevin Patras

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. **107930** 2. Name of Corporation **CREW AUTO BODY, INC.**
3. Street Address Principal Business Office
620 Pond Street
4. Business Phone No. **401/762-5252** 5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
auto body repair and related services

City **Woonsocket** State **RI** Zip **02895**
6. SIC Code

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

President Name **Kevin Patras**
Street Address
620 Pond Street
City **Woonsocket** State **RI** Zip **02895**
Secretary Name **Kevin Patras**
Street Address
620 Pond Street
City **Woonsocket** State **RI** Zip **02895**

Vice President Name **Susan Patras**
Street Address
620 Pond Street
City **Woonsocket** State **RI** Zip **02895**
Treasurer Name **Susan Patras**
Street Address
620 Pond Street
City **Woonsocket** State **RI** Zip **02895**

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

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

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

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value
300 NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

100 COMMON NO par value

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



* 1 0 7 9 3 0 *

File Date: 1/27/00

Check No.: 1192

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.

X [Signature] 1-5-00
Signature of Officer Date

Kevin Patras
Print or Type Name of Officer

President
Title of Officer

MINUTES OF THE ANNUAL MEETING OF STOCKHOLDERS
OF
CREW AUTO BODY, INC.

The annual meeting of the stockholders of the corporation was held at the law offices of David J. Szerlag, Esq., 155 South Main Street, #404, Providence, Rhode Island 02903, on January 5, 2000, at 10:30 a.m.

The meeting was called to order by Kevin Patras, the President of the corporation.

The secretary then reported that the meeting had been called pursuant to a waiver of notice thereof in accordance with the bylaws. It was ordered that a copy of the waiver of notice be appended to the minutes of the meeting.

The secretary then read the roll of stockholders from the stock transfer ledger. The following stockholders were present in person or by proxy:

<u>Stockholder</u>	<u>Shares</u>	<u>In Person</u>	<u>By Proxy</u>
Kevin Patras			XX

The chairman stated that a majority of the total number of shares issues and outstanding was represented and that the meeting was complete and ready to transact any business before it. It was ordered the proxies be appended to the minutes of the meeting.

The president then gave a general report of the business and finances of the corporation and the secretary reported the following changes of stockholders since the last such report:

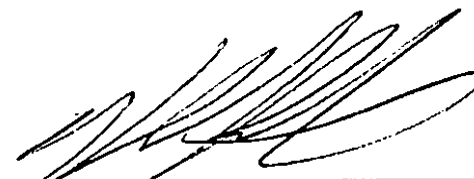
None

The following action was taken at the meeting:

None

There being no further business, the meeting was, on motion, adjourned.

Dated:



Kevin Patras, Secretary

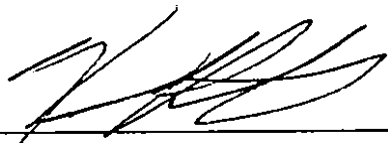
WAIVER OF NOTICE OF THE ANNUAL MEETING OF SHAREHOLDERS

I, the undersigned shareholder, hereby agree and consent that the Annual Meeting of Shareholders of the corporation be held on the date and at the time and place stated below for the purpose of transacting all such other business as may lawfully come before said meeting and hereby waive all notice of the meeting and any adjournment thereof.

Date of Meeting: January 5, 2000

Time of Meeting: 10:30 a.m.

Place of Meeting: Law Office of David J. Szerlag, Esq.
155 South Main St., #404
Providence, Rhode Island 02903



Kevin Patras

Dated: 1-5-00