

Check No.

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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	TO BODY, INC.					
		City	State	Zip		
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			6. SIC Code			
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President Name Kevin Patras						
						
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RI	 		ļ.	Zip 02816		
Director Name Street Address			Director Name Street Address			
State	Ζίρ	·City	State	Zip		
J		Director Name		. 		
		-Sireel Address				
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State	Zıp	.City	State	Zip		
ZED ("X" BOX FO	RATTACHMENT)	11. SHARES ISSUED ("X	" BOX FOR ATTACHMEN	<u></u>		
Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
		300	Common	no par		
ned in ink by eith	ner the President, Vice	President, Secretary, Assis	tant Secretary, Treasi	urer, Receiver or Trustee		
9 3 0 04 12:06:39 PM*		Under penalty of per this report, including	jury, I declare and affirm (any accompanying sched	that I have examined fules and statements.		
	IN BLACK) 2. Name of Cor CREW AU 3. State RI State RI	State of Corporation CREW AUTO BODY, INC.	Sale Zip City President Sale Zip City Sale Zip City President Sale Zip City President Sale Zip City President Sale Zip City City President Sale Zip City Cit	N BLACK 2 Name of Corporation CREW AUTO BODY, INC. Patiness Office		

Kevin Patras Print or Type Name of Officer

President

Title of Officer



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	I - March I 🏓	Filing Fee: \$50.00	om for the	- DAN	
(FORM MUST BE TYPED IN					
1. Corporate ID No.					
107930		ITO BODY, INC.			
3. Street Address Principal Bu	siness Office		City	State	Zip
620 POND STREET			WOONSOCKET	RI	02895-
4. Business Phone No.	·	5. State of Incorpora	ntion		6. SIC Code
4017625252		RHODE ISLA	ND		0
7. Brief Description of the Cho TO PERFORM AUTO BO	gracter of Business C DY REPAIR AND	onducted in Rhode Island D RELATED SERVICES	•		
I resident traine	SSES OF THE O	FFICERS ("X" BOX FOR	ATTACHMENT) FILL IN SP	ACES BEFORE USING A	TTACHMENTS
KEVIN PATRAS			SUSAN PATRAS		
Street Address			Street Address		
154 PHILLIPS HIL			- 154 PHILLIPS HI	ILL ROAD	
CONTENTED	State	Zip	City	State	Zip
COVENTRY	PI	02816	- COVENTRY	RI	02816
Secretary Name			Treasurer Name		• • • • • • • • • • • • • • • • • • • •
KEVIN PATRAS		···	SUSAN PATRAS		
Street Address			* Street Address		
154 PHILLIPS HILI	L ROAD		.154 PHILLIPS HI	LL ROAD	
City	State	Zip	`City	State	Zip
COVENTRY	RI	02816	COVENTRY	RI	02816
Director Name	SSES OF THE DI	RECTORS_("X" BOX FO	RATTACHMENT) FILL IN S Director Name	SPACES BEFORE USING	ATTACHMENTS
Street Address			Sircet Address	 	
Ciry	State	Zip	·City	State	Zip
	ļ		•		
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	.City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FO	RATTACHMENT)		BOX FOR ATTACHMEN	70
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
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107930 DBC 01/25/09 File Daile 2-10-6 Check No. 1084	9 3 0 5 <u>03</u> :32:00 PM	·	this report, including	iury, I declare and affirm to any accompanying sched as contained herein are trued to the schedule of the sche	hat I have examined ules and statements,
By : \mathcal{N}		_		-	
FOR SECRETARY OF STATE	USE ONLY		PRESIDENT	<u> </u>	
			Title of Officer		Form 630 12/01

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.

2. Name of Corporation

107930

3.	Street	Address	Pri	ncipal	Bus
	100	· ~	-	-	

CREW AUTO BODY, INC.

iness Office 620 Pond Street

Woonsocket.

State

RI

4. Business Phone No.

5. State of Incorporation

02895

(401) 762-5252

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

Vice President Name

Susan Patras

Street Address

Street Address

154 Phillips Hill Road

City

City

Coventry

Coventry

Street Address

Secretary Name

Kevin Patras

RI

02816

Treasurer Name

RI

02816

Kevin Patras

Street Address

154 Phillips Hill Road

154 Phillips Hill Road

154 Phillips Hill Road

Susan Patras

Coventry

RI

02816

Coventry

RI

02816

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

None

Street Address

Street Address

Director Name

Street Address

City

City

State

Zio

City

2.ip

Director Name

Street Address

State

City

2.10

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

AUTHORIZZZO SHARES

Number of Shares

Class/Series

Par Value

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

Class/Series

Par Value

300 NO PAR VALUE

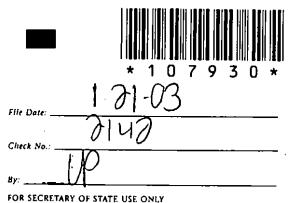
300

Number of Shares

common

none

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.

Farm 630 12/02

President

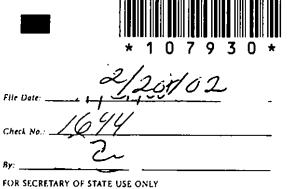
Title of Officer



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

riling reflow: janua	iry I-March I	riting rec: \$50	.00		INSTRUCTIO
(FORM MUST BE TYPED IN			• •		
1. Corporate ID No.	2. Name of Corpo				
107930		TO BODY, INC.	a lla	6	
3. Street Address Principal Busir		occ 	City	ET LI.	ZIP 1895
4 Business Chane No.	POND STR	رسے) S. State of Incorpo		E/ /L.	6. SIC Code
401-762	- 5000	RHODE IS			0. 37. Code
7. Brief Description of the Chara	acter of Business Conducter		ILAND		·
	ly reprir				
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President Name	0		Vice President Morne	A	
KENINI.	PATRAS		. SUSPA	PATRIES	
Street Address		•	M Street Address	B AVENUE	
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	OWN RI	028	22(NOP/1/1/C/NO	ISTOLIAN FI	02,832
Secretary Name		- 10	Tieasurer Name	0 640 <i>0</i> 50	6 10 m N
Street Address	195 ABO	10E	-)	AME MS 1	981VE
Sireet Auniess			Street Address		
Clty	State	ZIp	BUSINESSABOUE	State	ZIp
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9. NAMES AND ADDR Director Name	ESSES OF THE DIF	RECTORS ("X" BOX FO	OR ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING AT	TACHMENTS
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City	State	Zip	City	State	Zip
S	•			•• •	
Director Name			Director Name		
Street Address			- Street Address		
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10. SHARES AUTHORIZ	ZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	TT)
AUTHORIZZED SHARES			ISSUED SHARES	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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his report must be sig	gned in ink by eit	her the President.	Vice President, Secretary, As	sistant Secretary. Treas	surer. Receiver or Trust
	30101 (KO)			The state of the s	and, meetines or study



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 Sugar Til	1-30-0-
Signature of Officer	Date
DUSAN JATRAS	

Print or Type Name of Officer

Title of Officer 5

Form 630 12/01



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No. 10793		ame of Corpora	BODY, INC.			
3. Street Address Prince			DODI, INC.			
atteet wanters t.uuc	620 Pond St	_ ,		Woonsocket	State	Zip
F. Business Phone No.			5. State of Incorporation RHODE ISLAND	WOOTSOCKEL	RI	02895 6. sic code
Brief Description of ((401) 762-1 the Character of Busin	0252 193 Conducted (1				•
NAMES AND	auto body i	cepair a	nd related service			
resident Name	ADDRESSES OF	THE OFFI	CERS (*X* BOX FOR ATTACH)	MENT) FILL IN SPACES BI Vice President Name	EFORE USING ATTA	CHMENTS
reet Address	Kevin Patra	ıs		Susan Patras		· -
·	620 Pond St			620 Pond St.	_	
Woonsocke	State o t	RI	zıp 02895	City	State	Zip -
cretary Name	•		02073	Woonsocket Treasurer Name	. RI	02895
	Kevin Patra	ıs		Susan Patras Street Address		
reet Address						
	620 Pond St			620 Pond St.		
woonsocket NAMES AND	State	RI	zip 02895 CTORS (*X* BOX FOR ATTAC	woonsocket	State RI BEFORE USING ATT	zip 02895 FACHMENTS
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ent, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer



File Date:	2/20	
	11606	
Ву:	21	

FOR SECRETARY OF STATE USE ONLY

	e and affirm that I have examined
this report, including any accomp	anying schedules and statements, and
that all statements contained here	
1	2-16-01
Signature of officer	Date .
Kevin Patras	
Print or Type Name of Officer	
President	

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 Cornoration

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				_				

CREW AUTO BODY, INC.

3. Street Address Principal Business Office

620 Pond Street

City

Woonsocket

State

Zip

4. Business Phone No.

5. State of Incorporation

RΙ

02895 6. SIC Code

401/762-5252

RHODE ISLAND

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 Vice President Name

President Name

Secretary Name

Street Address

Kevin Patras

Street Address

Kevin Patras

620 Pond Street

620 Pond Street

Woonsocket

Zio

02895

Woonsocket

State

02895

Treasurer Name

City

Street Address

Susan Patras

Susan Patras

620 Pond Street

Street Address

Director Name

Street Address

Street Address

620 Pond Street

Woonsocket 02895 RI

Woonsocket

RI

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

City

State

Zip

Director Name

Director Name

Street Address

City

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

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

AUTHORIZZE) SHARES

Number of Shares

Class/Series

Par Value

CSSUTED SHARES Number of Shares

Class/Series

300 NO PAR VALUE

/00

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

NO per valor

Check No .:

FOR SECRETARY OF STATE USE ONLY

that all statements contained herein are true and correct.

Kevin Patras

Print or Type Name of Officer President

Title of Officer

C--- 410 12:04

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:

Stockholder Shares In Person By Proxy

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: _/-5--00