



**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. 115631		2. Name of Corporation SHANNON MOTORS ACCEPTANCE CORPORATION, INC.			
3. Street Address Principal Business Office 648 KILLINGLY STREET			City JOHNSTON	State RI	Zip 02919-
4. Business Phone No. (401) 273-0110		5. State of Incorporation RHODE ISLAND			6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
AUTOMOBILE FINANCING AND RELATED MATTERS

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

President Name John J. Gosselin			Vice President Name John J. Gosselin		
Street Address 24 Manuel Street			Street Address 24 Manuel Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name John J. Gosselin			Treasurer Name John J. Gosselin		
Street Address 24 Manuel Street			Street Address 24 Manuel Street		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919

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

Director Name John J. Gosselin			Director Name		
Street Address 24 Manuel Street			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

Number of Shares	Class/Series	Par Value
200	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 1 5 6 3 1

\*115631 DBC 01/11/05 11:50:59 AM\*

File Date 1/28/05

Check No. 2214

By: DA

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.

John J. Gosselin 1/29/05  
Signature of Officer Date

John J. Gosselin  
Print or Type Name of Officer

President

Title of Officer



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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>115631</b>		2. Name of Corporation <b>SHANNON MOTORS ACCEPTANCE CORPORATION, INC.</b>			
3. Street Address Principal Business Office <b>648 Killingly Street</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. Business Phone No. <b>(401) 273-0110</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <b>AUTOMOBILE FINANCING AND RELATED MATTERS</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>John J. Gosselin</b>			Vice President Name <b>John J. Gosselin</b>		
Street Address <b>24 Manuel Street</b>			Street Address <b>24 Manuel Street</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
Secretary Name <b>John J. Gosselin</b>			Treasurer Name <b>John J. Gosselin</b>		
Street Address <b>24 Manuel Street</b>			Street Address <b>24 Manuel Street</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02929</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>John J. Gosselin</b>			Director Name		
Street Address <b>24 Manuel Street</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	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
<b>1,000 NO PAR VALUE</b>			<b>200</b>	<b>Common</b>	<b>No Par Value</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 3 1 \*

File Date 2-23-04  
Check No. 1717  
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] 2-20-04  
Signature of Officer Date  
**John J. Gosselin**  
Print or Type Name of Officer  
**President**  
Title of Officer

**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. **115631** 2. Name of Corporation **SHANNON MOTORS ACCEPTANCE CORPORATION, INC.**  
3. Street Address Principal Business Office **648 Killingly Street** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **(401) 273-0110** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
Automobile financing and related matters thereto and any other lawful purpose.

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

President Name <b>John J. Gosselin</b> Street Address <b>24 Manuel Street</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b> Secretary Name <b>John J. Gosselin</b> Street Address <b>24 Manuel Street</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	Vice President Name <b>John J. Gosselin</b> Street Address <b>24 Manuel Street</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b> Treasurer Name <b>John J. Gosselin</b> Street Address <b>24 Manuel Street</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>
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**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>John J. Gosselin</b> Street Address <b>24 Manuel Street</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	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
	<b>1,000</b>	<b>NO PAR VALUE</b>	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<b>200</b>	<b>Common</b>	<b>No par value</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 3 1 \*

File Date: 3-5-03  
Check No.: 1413  
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] Date \_\_\_\_\_  
Signature of Officer  
**JOHN J. GOSSELIN**  
Print or Type Name of Officer  
**PRES.**  
Title of Officer



**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. **115631** 2. Name of Corporation **SHANNON MOTORS ACCEPTANCE CORPORATION, INC.**  
3. Street Address Principal Business Office **648 Killingly Street** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **(401) 273-0110** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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**Automobile financing and related matters thereto and any other lawful purpose.**

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

President Name			Vice President Name		
<b>John J. Gosselin</b>			<b>John J. Gosselin</b>		
Street Address			Street Address		
<b>24 Manuel Avenue</b>			<b>24 Manuel Avenue</b>		
City	State	Zip	City	State	Zip
<b>Johnston</b>	<b>RI</b>	<b>02919</b>	<b>Johnston</b>	<b>RI</b>	<b>02919</b>
Secretary Name			Treasurer Name		
<b>John J. Gosselin</b>			<b>John J. Gosselin</b>		
Street Address			Street Address		
<b>24 Manuel Avenue</b>			<b>24 Manuel Avenue</b>		
City	State	Zip	City	State	Zip
<b>Johnston</b>	<b>RI</b>	<b>02919</b>	<b>Johnston</b>	<b>RI</b>	<b>02919</b>

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

Director Name			Director Name		
<b>John J. Gosselin</b>					
Street Address			Street Address		
<b>24 Manuel Avenue</b>					
City	State	Zip	City	State	Zip
<b>Johnston</b>	<b>RI</b>	<b>02919</b>			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>NO PAR VALUE</b>	

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

Number of Shares	Class/Series	Par Value
<b>200</b>	<b>Common</b>	<b>No Par Value</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 3 1 \*

File Date: 2-17-02  
1142

Check No.: Be

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.

*John J. Gosselin* 1/21/02  
Signature of Officer Date

**JOHN J. GOSSELIN**  
Print or Type Name of Officer

**PRES.**  
Title of Officer



**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. **115631** 2. Name of Corporation **SHANNON MOTORS ACCEPTANCE CORPORATION, INC.**  
3. Street Address Principal Business Office **648 Killingly Street** City **Johnston** State **RI** Zip **02919**  
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**Automobile financing and related matters thereto and any other lawful purpose.**

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President Name <b>John J. Gosselin</b>	Vice President Name <b>John J. Gosselin</b>
Street Address <b>24 Manuel Avenue</b>	Street Address <b>24 Manuel Avenue</b>
City State Zip <b>Johnston RI 02919</b>	City State Zip <b>Johnston RI 02919</b>
Secretary Name <b>John J. Gosselin</b>	Treasurer Name <b>John J. Gosselin</b>
Street Address <b>24 Manuel Avenue</b>	Street Address <b>24 Manuel Avenue</b>
City State Zip <b>Johnston RI 02919</b>	City State Zip <b>Johnston RI 02919</b>

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

Director Name <b>John J. Gosselin</b>	Director Name
Street Address <b>24 Manuel Avenue</b>	Street Address
City State Zip <b>Johnston RI 02919</b>	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 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 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 1 5 6 3 1 \*

File Date: 3-22-01  
Check No.: 1019  
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 [Signature] Date 2-28-01  
Print or Type Name of Officer John J. Gosselin  
Title of Officer President