



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. 46731		2. Name of Corporation CHRISTY'S AUTO RENTALS INC.			
3. Street Address Principal Business Office 547 KILLINGLY ST.			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. 401--274--5971		5. State of Incorporation RHODE ISLAND		6. SIC Code 8813	
7. Brief Description of the Character of Business Conducted in Rhode Island REPAIR AND SALE OF USED AND NEW AUTOMOBILES and other motor vehicles					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CRESCENZO D'ARPINO			Vice President Name SARA D'ARPINO		
Street Address 5 SWEET HILL DR.			Street Address 5 SWEET HILL DR.		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name ROBERT D'ARPINO			Treasurer Name ROBERT D'ARPINO		
Street Address 22 Colony Drive			Street Address 22 Colony Drive		
City Johnston	State RI	Zip 02919	City Johnston	State R.I.	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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) <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
2,000 COMM NO PAR VALUE			200	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 3/10/05
Check No. 003341
By: D.
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 CRESCENZO D'ARPINO Date 3-1-05
Print or Type Name of Officer
PRES.
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 46731		2. Name of Corporation CHRISTY'S AUTO RENTAL INC.			
3. Street Address Principal Business Office 547 KILLINGLY ST.			City JOHNSTON	State RI	Zip 02919
4. Business Phone No. (401) 274-5971		5. State of Incorporation RHODE ISLAND			6. SIC Code 8813
7. Brief Description of the Character of Business Conducted in Rhode Island REPAIR AND RENTAL OF USED AND NEW AUTOMOBILES					
8. NAMES AND ADDRESSES OF THE OFFICERS (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CRESCENZO D'ARPINO			Vice President Name SARA D'ARPINO		
Street Address 5 SWEET HILL DR.			Street Address 5 SWEET HILL DR.		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Secretary Name ROBERT D'ARPINO			Treasurer Name ROBERT D'ARPINO		
Street Address 66 FIELDWOOD AVE.			Street Address 66 FIELDWOOD AVE.		
City SEEKONK	State MA	Zip 02771	City SEEKONK	State MA	Zip 02771
9. NAMES AND ADDRESSES OF THE DIRECTORS (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (<input checked="" type="checkbox"/> BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	COMM NO PAR VALUE		200	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.

Crencenzo D'Arpino 2-20-04
Signature of Officer Date

CRESCENZO D'ARPINO
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date **FILED**

Check No. **FEB 03 2004**

By: **MA 18729**

FOR SECRETARY OF STATE USE ONLY



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. **46731** 2. Name of Corporation **CHRISTY'S AUTO RENTALS INC.**
3. Street Address Principal Business Office **547 Killingly Street** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **(401) 274-5971** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8813**

7. Brief Description of the Character of Business Conducted in Rhode Island
Repair and rental of used and new automobiles

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

President Name Crescenzo D'Arpino	Vice President Name Sara D'Arpino
Street Address 5 Sweet Hill Drive	Street Address 5 Sweet Hill Drive
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919
Secretary Name Robert D'Arpino	Treasurer Name Robert D'Arpino
Street Address 99 Fieldwood Avenue	Street Address 99 Fieldwood Avenue
City State Zip Seekonk MA 02771	City State Zip Seekonk MA 02771

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

Director Name none	Director Name none
Street Address	Street Address
City State Zip	City State Zip
Director Name none	Director Name none
Street Address	Street Address
City State Zip	City State Zip

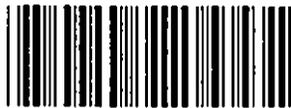
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
2,000 COMM NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
200	Common	No Par

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



* 4 6 7 3 1 *

File Date: 1-29-03
Check No.: 2462
By: PODF

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.

Crescenzo D'Arpino 1-28-03
Signature of Officer Date

Crescenzo D'Arpino
Print or Type Name of Officer

President
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. **46731** 2. Name of Corporation **CHRISTY'S AUTO RENTALS INC.**

3. Street Address Principal Business Office **547 Killingly Street** City **Johnston** State **RI** Zip **02919**

4. Business Phone No. **(401) 274 5971** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8813**

7. Brief Description of the Character of Business Conducted in Rhode Island
Repair and rental of used and new automobiles

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

President Name **Crescenzo D'Arpino** Vice President Name **Sara D'Arpino**

Street Address **5 Sweet Hill Drive** Street Address **5 Sweet Hill Drive**

City **Johnston** State **Ri** Zip **02919** City **Johnston** State **RI** Zip **02919**

Secretary Name **Robert D'Arpino** Treasurer Name **Robert D'Arpino**

Street Address **99 Fieldwood Avenue** Street Address **99 Fieldwood Avenue**

City **Seekonk** State **MA** Zip **02771** City **Seekonk** State **MA** Zip **02771**

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

Director Name **none** Director Name **none**

Street Address Street Address

City State Zip City State Zip

Director Name **none** Director Name **none**

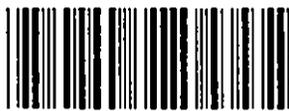
Street Address Street Address

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
2,000	COMM NO PAR VALUE		200	Common	No Par

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



* 4 6 7 3 1 *

FILED

File Date: **FEB 07 2002**

Check No.: **lc 002133**

By: **lc**

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.

Crescenzo D'Arpino **2502**
Signature of Officer Date

Crescenzo D'Arpino
Print or Type Name of Officer

President



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. **46731** 2. Name of Corporation **CHRISTY'S AUTO RENTALS INC.**

3. Street Address Principal Business Office **547 Killingly Street** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **(401) 274-5971** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8813**

7. Brief Description of the Character of Business Conducted in Rhode Island
Repair and sale of used and new automobiles

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

President Name Crescenzo D'Arpino	Vice President Name Sara D'Arpino
Street Address 5 Sweet Hill Drive	Street Address 5 Sweet Hill Drive
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919
Secretary Name Robert D'Arpino	Treasurer Name Robert D'Arpino
Street Address 99 Fieldwood Avenue	Street Address 99 Fieldwood Avenue
City State Zip Seekonk MA 02771	City State Zip Seekonk MA 02771

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

Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip
Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip

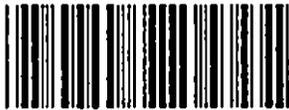
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
2,000 COMM NO PAR		

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

ISSUED SHARES	Class/Series	Par Value
200	Common	No Par

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



* 4 6 7 3 1 *

3-12-01

File Date: _____

Check No.: 1885

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] 2-16-01
Signature of Officer Date
Crescenzo D'Arpino
Print or Type Name of Officer
President
Title of Officer



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. **46731** 2. Name of Corporation **CHRISTY'S AUTO RENTALS INC.**
3. Street Address Principal Business Office **547 Killingly Street** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **(401) 274-5971** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8813**

7. Brief Description of the Character of Business Conducted in Rhode Island
Repair and sale of used and new automobiles

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

President Name Crescenzo D'Arpino Street Address 5 Sweet Hill Drive City Johnston State RI Zip 02919	Vice President Name Sara D'Arpino Street Address 5 Sweet Hill Drive City Johnston State RI Zip 02919
Secretary Name Robert D'Arpino Street Address 99 Fieldwood Avenue City Seekonk State MA Zip 02771	Treasurer Name Robert D'Arpino Street Address 99 Fieldwood Avenue City Seekonk State MA Zip 02771

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

Director Name None Street Address None City _____ State _____ Zip _____	Director Name None Street Address None City _____ State _____ Zip _____
Director Name None Street Address None City _____ State _____ Zip _____	Director Name None Street Address None City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Class/Series	Par Value
2,000 COMM NO PAR		

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

ISSUED SHARES	Class/Series	Par Value
200	Common	No Par

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



* 4 6 7 3 1 *

File Date: _____

Check No.: **FEB 02 2001**

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] 1-31-00
Signature of Officer Date

Crescenzo D'Arpino
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 46731		2. Name of Corporation CHRISTY'S AUTO RENTALS INC.	
3. Street Address Principal Business Office 547 Killingly Street		City Johnston	State RI
4. Business Phone No. (401) 274-5971		5. State of Incorporation RHODE ISLAND	
6. SIC Code 8813		7. Brief Description of the Character of Business Conducted in Rhode Island Repair and sale of used and new automobiles	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) (FILL IN SPACES BEFORE USING ATTACHMENTS)			
President Name Crescenzo D'Arpino		Vice President Name Sara D'Arpino	
Street Address 5 Sweet Hill Drive		Street Address 5 Sweet Hill Drive	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Robert D'Arpino		Treasurer Name Robert D'Arpino	
Street Address 99 Fieldwood Avenue		Street Address 99 Fieldwood Avenue	
City Seekonk	State MA	City Seekonk	State MA
Zip 02771		Zip 02771	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) (FILL IN SPACES BEFORE USING ATTACHMENTS)			
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name None		Director Name None	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
2,000 COMM NO PAR		200	Common
Par Value		Par Value	No Par

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



File Date: 2/5/99
Check No.: 1268
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: Crescenzo D'Arpino Date: 2/3/99
Print or Type Name of Officer: Crescenzo D'Arpino
Title of Officer: President



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. **46731** 2. Name of Corporation **CHRISTY'S AUTO RENTALS INC.**
3. Street Address Principal Business Office City State Zip
547 Killingly St. Johnston RI 02919
4. Business Phone No. 274-5971 5. State of Incorporation **RHODE ISLAND**
6. SIC Code **8813**

7. Brief Description of the Character of Business Conducted in Rhode Island
Leasing and renting of new and used automobiles

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

President Name Crescenzo D'Arpino	Vice President Name Sara D'Arpino
Street Address 5 Sweet Hill Dr.	Street Address 5 Sweet Hill Dr.
City State Zip Johnston RI 02919	City State Zip Johnston RI 02919
Secretary Name Robert A. D'Arpino	Treasurer Name Robert A. D'Arpino
Street Address 99 Fieldwood Ave.	Street Address 99 Fieldwood Ave.
City State Zip Seekonk MA 02771	City State Zip Seekonk MA 02771

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

Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip
Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
2,000 COMM NO PAR		

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

ISSUED SHARES	Class/Series	Par Value
1001	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: FEB 20 1998

Check No.: By CC 1008

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 Crescenzo D'Arpino Date 2-20-98
Print or Type Name of Officer
Crescenzo D'Arpino
Title of Officer
President



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **46731** 2. Name of Corporation **CHRISTY'S AUTO RENTALS INC.**
3. Street Address Principal Business Office **547 Killingly Street** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **274-5971** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8813**

7. Brief Description of the Character of Business Conducted in Rhode Island
Leasing and renting of new and used automobiles

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

President Name Crescenzo D'Arpino	Vice President Name Sara D'Arpino
Street Address 5 Sweet Hill Drive	Street Address 5 Sweet Hill Drive
City Johnston State RI Zip 02919	City Johnston State RI Zip 02919
Secretary Name Robert A. D'Arpino	Treasurer Name Robert A. D'Arpino
Street Address 99 Fieldwood Avenue	Street Address 99 Fieldwood Avenue
City Seekonk State MA Zip 02771	City Seekonk State MA Zip 02771

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

Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip
Director Name None	Director Name None
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
2,000	COMM NO PAR		1001	Comon	No Par

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



File Date: 2/26/97
Check No.: 2115
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: Crescenzo D'Arpino Date: 2/24/97
Print or Type Name of Officer: Crescenzo D'Arpino
Title of Officer: President

**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. 46731		2. NAME OF CORPORATION CHRISTY'S AUTO RENTALS INC.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 547 Killingly Street		CITY Johnston	STATE RI	ZIP CODE 02919
4. BUSINESS PHONE NO. 274-5971	5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 8813	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Leasing and renting of new and used automobiles				

8. NAMES AND ADDRESSES OF THE OFFICERS				
PRESIDENT NAME Crescenzo D'Arpino		VICE PRESIDENT NAME Sara D'Arpino		
STREET ADDRESS 5 Sweet Hill Drive		STREET ADDRESS 5 Sweet Hill Drive		
CITY Johnston	STATE RI	ZIP CODE 02919	CITY Johnston	STATE RI
SECRETARY NAME Robert A. D'Arpino		TREASURER NAME Robert A. D'Arpino		
STREET ADDRESS 99 Fieldwood Avenue		STREET ADDRESS 99 Fieldwood Avenue		
CITY Seekonk	STATE MA	ZIP CODE 02771	CITY Seekonk	STATE MA

9. NAMES AND ADDRESSES OF THE DIRECTORS				
DIRECTOR NAME None		DIRECTOR NAME None		
STREET ADDRESS		STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE
DIRECTOR NAME None		DIRECTOR NAME None		
STREET ADDRESS		STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2,000	COMM NO PAR		200		

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: 2-21-96
Check No: 2005
By: *JD*

Crescenzo D'Arpino
Signature of Officer
Crescenzo D'Arpino
Print or Type Name of Officer
President
Title of Officer
2/12/96
Date

For Secretary of State Use Only

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.

Corporate ID: 0018731 Annual Report for the year: 1995

Name of Corporation: CHRISTY'S AUTO RENTALS INC.

Business entity organized under the laws of the State of: Rhode Island
 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: ()
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
547 Killingly Street
Johnston, RI 02919
 Phone: (401) 274-5971
 Brief statement of the character of business conducted in Rhode Island:
Leasing and renting of new and used automobiles

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Crescenzo D'Arpino</u>	<u>5 Sweet Hill Drive, Johnston, RI</u>	<u>RI</u>	<u>02919</u>
VICE PRESIDENT <u>Sara D'Arpino</u>	<u>5 Sweet Hill Drive, Johnston, RI</u>	<u>RI</u>	<u>02919</u>
SECRETARY <u>Robert A. D'Arpino</u>	<u>99 Fieldwood Ave., Seekonk, MA</u>	<u>MA</u>	<u>02771</u>
TREASURER <u>Robert A. D'Arpino</u>	<u>99 Fieldwood Ave., Seekonk, MA</u>	<u>MA</u>	<u>02771</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>None</u>			
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
<u>3000</u>			

Date: 02/15/1995
 By: Robert D'Arpino
 PRINT OR TYPE NAME OF OFFICER SIGNING
 TITLE OF OFFICER SIGNING: Secretary

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.

HAROLD W. DEMOPULOS, ESQ.
 10 DORRANCE STREET, SUITE 634
 PROVIDENCE RI 02903

FILED
FEB 22 1995
 By: J. Bok #
1895

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
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

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 0046731 Annual Report for the year: 1994

Name of Business Entity: CHRISTY'S AUTO RENTALS INC.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: [REDACTED]

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

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box).

547 Killingly St.
Johnston, RI 02919

Phone: (401) 274-5971

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Mr. Crescenzo D'Arpino
5 Sweet Hill Drive, Johnston, RI 02919

Brief statement of the character of business conducted in Rhode Island:

Leasing and renting of new and used automobiles

Date of Organization: 4-19-88

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT (Check One)	Crescenzo D'Arpino	5 Sweet Hill Drive, Johnston, RI	RI	02919
<input type="checkbox"/> CHIEF OPERATING OFFICER OR VICE PRESIDENT (Check One)	Sara D'Arpino	"	"	"
<input type="checkbox"/> CUSTODIAN OF RECORDS OR SECRETARY (Check One)	Robert A. D'Arpino	99 Fieldwood Avenue, Seekonk, MA	MA	02771
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR TREASURER (Check One)	Robert A. D'Arpino	"	"	"

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
None			

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	2000	NUMBER	1001
CLASS	Common	CLASS	Common
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	No Par Value	PAR VALUE OR WITHOUT PAR	No Par Value

Date: 3-7- 94

By: Crescenzo D'Arpino
Crescenzo D'Arpino
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

HAROLD W. DEMOFULOS, ESQ.
10 DORRANCE STREET, SUITE 634
PROVIDENCE RI 02903

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 46731 Annual Report for the year 1992

FIRST: The name of the corporation is CHRISTY'S AUTO RENTALS, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is Leasing and renting of new and used automobiles

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island HAROLD W. DEMOPULOS, ESQUIRE
10 Dorrance St., Suite 634
Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
NONE	Director	
	Director	
CRESCENZO D'ARPINO	President	5 Sweet Hill Dr., Johnston, RI
SARA D'ARPINO	Vice President	" "
ROBERT D'ARPINO	Secretary	" "
ROBERT D'ARPINO	Treasurer	" "

SEVENTH: Number of Shares authorized:

No of Shares	Class	Series	Par Value or statement that shares are without par value
2000 Shares	Common		No Par Value

EIGHTH: Number of Shares issued:

No of Shares	Class	Series	Par Value or statement that shares are without par value
2000 Shares	Common		No Par Value

Rec'd & Filed
FEB 27 1992
AMT #29
1445

Dated 2-24- 19 92

CHRISTY'S AUTO SALES, INC.
(Name of Corporation)

By Crescenzo D'Arpino

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0046731 Annual Report for the year 1991

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FIFTH: Business address in Rhode Island Harold W. Demopoulos, Esquire
10 Dorrance St., Suite 634, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>Crescenzo D'Arpino</u>	<u>President</u>	<u>5 Sweet Hill Drive, Johnston, RI</u>
<u>Sara D'Arpino</u>	<u>Vice President</u>	<u>" "</u>
<u>Robert D'Arpino</u>	<u>Secretary</u>	<u>" "</u>
<u>Robert D'Arpino</u>	<u>Treasurer</u>	<u>" "</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>2000 shares</u>	<u>Common</u>		<u>No Par Value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>2000 shares</u>	<u>Common</u>		<u>No Par Value</u>

~~Not a File~~ MAR 07 1991

Dated 3-5- 19 91

CHRISTY'S AUTO SALES, INC.
(Name of Corporation)

By Crescenzo D'Arpino

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

9/2

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0046731 Annual Report for the year 1990

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AUTOMOBILES

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island Harold W. Demopolos, Esquire
1234 Fleet National Bank Building, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

Director

Director

Director

Crescenzo D'Arpino President 5 Sweet Hill Drive, Johnston, RI

Sara D'Arpino Vice President " "

Robert D'Arpino Secretary " "

Robert A. D'Arpino Treasurer " "

SEVENTH: Number of Shares authorized:

Par Value
or statement that
shares are without
par value

No. of Shares Class Series Par Value
2000 shares common no par value

EIGHTH: Number of Shares issued:

Par Value
or statement that
shares are without
par value

No. of Shares Class Series Par Value
2000 shares common no par value

Dated 2-27- 19 90

Rentals
CHRISTY'S AUTO SALES, INC.
(Name of Corporation)

By Crescenzo D'Arpino
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

0046731

Corporate ID.....

Annual Report for the year 1989

CHRISTY'S AUTO RENTALS INC.

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FOURTH: If foreign corporation, address of its principal office.....

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1104 Fleet National Bank Building, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Crescenzo D'Arpino President

5 Sweet Hill Dr., Johnston, RI 02919

Sara D'Arpino Vice President

"

"

Robert A. D'Arpino Secretary

"

"

Robert A. D'Arpino Treasurer

"

"

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series
PAID

Par Value
or statement that
shares are without
par value

2000 Shares

Common

MAR 20 1989

No Par Value

EIGHTH: Number of Shares issued:

SEC'Y OF STATE

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

2000 Shares

Common

No Par Value

Dated March 6, 1989

CHRISTY'S AUTO RENTALS INC.

(Name of Corporation)

By *Crescenzo D'Arpino*

Title President

(Report must be signed by an officer)