



**STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS**
Office of the Secretary of State

Mathew 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 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 132533		2. Name of Corporation Wilson Mendez Auto Insurance Agency, Inc.			
3. Street Address Principal Business Office 224 ACADEMY AVENUE			City PROVIDENCE	State RI	Zip 02908-
4. Business Phone No. 4014905636		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO SELL AUTO INSURANCE POLICIES, TO PROVIDE INCOME TAX PREPARATION SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Wilson N. Mendez			Vice President Name		
Street Address 224 Academy Ave.			Street Address		
City Providence	State R.I.	Zip 02908	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 Wilson N. Mendez			Director Name		
Street Address 224 Academy Ave			Street Address		
City Providence	State R.I.	Zip 02908	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"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
800	\$.01 PAR VALUE		0		

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



1 3 2 5 3 3

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.

Wilson Mendez
Signature of Officer
Date: 02/28/05
Wilson Mendez
Print or Type Name of Officer
President
Title of Officer

132533 DBC 02/24/05 02:20:54 PM

File Date: **FILED** 119

Check No. MAR 02 2005

By: *WMB*

FOR SECRETARY OF STATE USE ONLY



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AND PROVIDENCE PLANTATIONS
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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. 132533		2. Name of Corporation WILSON MEMDEZ AUTO INSURANCE AGENCY INC			
3. Street Address Principal Business Office 224 ACADEMY AVE			City PROVIDENCE	State RI	Zip 02908
4. Business Phone No. 401 453-6659		5. State of Incorporation RHODE ISLAND			6. SIC Code

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

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

President Name WILSON MENDEZ			Vice President Name		
Street Address 224 ACADEMY AVE			Street Address		
City PROVIDENCE	State RI	Zip 02908	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 WILSON MENDEZ			Director Name		
Street Address 224 ACADEMY AVE			Street Address		
City PROVIDENCE	State RI	Zip 02908	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
800		\$.01	<u>Ø</u>		

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



1 3 2 5 3 3

FILED

File Date OCT 14 2004

Check No. _____

By: [Signature] 47364

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]
Signature of Officer

Wilson Mendez Date 10/13/04

President
Print or Type Name of Officer

President
Title of Officer