



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 96033 | | 2. Name of Corporation HERB'S TOWING & SERVICE CENTER, INC. | | | |
| 3. Street Address Principal Business Office 2648 WEST SHORE ROAD | | | City WARWICK | State R.I. | Zip 02886 |
| 4. Business Phone No 401-737-9773 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 3558 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO DO TOWING AND SERVICE STATION OPERATIONS AND OTHER ALLIED SERVICES. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name THOMAS T ZAROUCIAN | | | Vice President Name THOMAS T. ZAROUCIAN | | |
| Street Address 110 ADRIAN ST | | | Street Address 110 ADRIAN STREET | | |
| City WARWICK | State RI | Zip 02886 | City WARWICK | State RI | Zip 02886 |
| Secretary Name THOMAS T. ZAROUCIAN | | | Treasurer Name THOMAS T. ZAROUCIAN | | |
| Street Address 110 ADRIAN STREET | | | Street Address 110 ADRIAN STREET | | |
| City WARWICK | State RI | Zip 02886 | City WARWICK | State RI | Zip 02886 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name THOMAS T. ZAROUCIAN | | | Director Name | | |
| Street Address 110 ADRIAN STREET | | | Street Address | | |
| City WARWICK | State R.I. | Zip 02886 | 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 |
| 100 COMM NO PAR VALUE | | | 100 | 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 1-31-05
Check No. 7453
By: 2
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] 1/1/05
Signature of Officer Date
THOMAS T ZAROUCIAN
Print or Type Name of Officer
President
Title of Officer



Office of the Secretary of State
Matthew A. Brown, Secretary of State

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 OR PRINTED IN BLACK)

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------|---------------------------------------------------------------------|--------------|---------------------|
| 1. Corporate ID No 96033 | | 2. Name of Corporation HERB'S TOWING & SERVICE CENTER, INC. | | | |
| 3. Street Address Principal Business Office 2648 West Shore Road | | | City Warwick | State RI | Zip 02889 |
| 4. Business Phone No. 401-737-9773 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code 3558 |
| 7. Brief Description of the Character of Business Conducted in Rhode Island TO DO TOWING AND SERVICE STATION OPERATIONS AND OTHER ALLIED SERVICES. | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name THOMAS T. ZAROGIAN | | | Vice President Name THOMAS T. ZAROGIAN | | |
| Street Address 110 ADRIAN ST | | | Street Address 110 ADRIAN ST. | | |
| City Warwick | State RI | Zip 02886 | City WARWICK | State R.I | Zip 02886 |
| Secretary Name THOMAS T. ZAROGIAN | | | Treasurer Name THOMAS T. ZAROGIAN | | |
| Street Address 110 ADRIAN STREET | | | Street Address 110 ADRIAN STREET | | |
| City WARWICK | State RI | Zip 02886 | City WARWICK | State RI | Zip 02886 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name THOMAS T. ZAROGIAN | | | Director Name | | |
| Street Address 110 ADRIAN ST. | | | Street Address | | |
| City WARWICK | State RI | Zip 02886 | 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 |
| 100 COMM NO PAR VALUE | | | 100 | | |

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



* 9 6 0 3 3 *

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY

RECEIVED
FEB 02 2004
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 _____ Date 12/27/03
Print or Type Name of Officer
THOMAS T ZAROGIAN
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. **96033** 2. Name of Corporation **HERB'S TOWING & SERVICE CENTER, INC.**
3. Street Address Principal Business Office **2648 WEST SHORE ROAD** City **WARWICK** State **RI** Zip **02886**
4. Business Phone No. **401-737-9773** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3558**
7. Brief Description of the Character of Business Conducted in Rhode Island **SERVICE STATION + TOWING.**

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

President Name **THOMAS T. JARROGIAN** Vice President Name **THOMAS T. JARROGIAN**
Street Address **110 ADRIAN STREET** Street Address **110 ADRIAN STREET**
City **WARWICK** State **RI** Zip **02886** City **WARWICK** State **RI** Zip **02886**
Secretary Name **THOMAS T. JARROGIAN** Treasurer Name **THOMAS T. JARROGIAN**
Street Address **110 ADRIAN STREET** Street Address **110 ADRIAN STREET**
City **WARWICK** State **RI** Zip **02886** City **WARWICK** State **RI** Zip **02886**

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

Director Name **THOMAS T. JARROGIAN** Director Name
Street Address **110 ADRIAN ST.** Street Address
City **WARWICK** State **RI** Zip **02886** 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
100 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 COMMON NO PAR.

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



* 9 6 0 3 3 *

File Date: 1-31-03
256
Check No.: 22
By: _____

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 1/31/03
Print or Type Name of Officer THOMAS T. JARROGIAN
Title of Officer Pres.



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. **96033** 2. Name of Corporation **HERB'S TOWING & SERVICE CENTER, INC.**
3. Street Address Principal Business Office **2648 WEST SHORE ROAD** City **WARWICK** State **RI** Zip **02886**
4. Business Phone No. **401-737-9779** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3558**

7. Brief Description of the Character of Business Conducted in Rhode Island
TOWING + SERVICE STATION OPERATION

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

| | |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| President Name THOMAS T. ZAROGIAN Street Address 110 ADRIAN STREET City WARWICK State RI Zip 02886 | Vice President Name THOMAS T. ZAROGIAN Street Address 110 ADRIAN STREET City WARWICK State RI Zip 02886 |
| Secretary Name THOMAS T. ZAROGIAN Street Address 110 ADRIAN STREET City WARWICK State RI Zip 02886 | Treasurer Name THOMAS T. ZAROGIAN Street Address 110 ADRIAN STREET City WARWICK State RI Zip 02886 |

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

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| Director Name THOMAS T. ZAROGIAN Street Address 110 ADRIAN STREET City WARWICK State RI Zip 02886 | 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
100 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares **100** Class/Series **COMMON** Par Value

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



* 9 6 0 3 3 *

File Date: 1-22-02

Check No.: 5253

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 1/16/02

Print or Type Name of Officer **THOMAS T. ZAROGIAN**

Title 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. **96033** 2. Name of Corporation **HERB'S TOWING & SERVICE CENTER, INC.**
3. Street Address Principal Business Office **2648 WEST SHORE ROAD** City **WARWICK** State **R.I.** Zip **02886**
4. Business Phone No. **401-737-9793** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3558**
7. Brief Description of the Character of Business Conducted in Rhode Island
TOWING + SERVICE STATION OPERATION

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

| | |
|-----------------------------------------------------------|---------------------------------------------------------|
| President Name THOMAS T. ZARUCCIAN | Vice President Name THOMAS T. ZARUCCIAN |
| Street Address 110 ADRIAN ST. | Street Address 110 ADRIAN ST. |
| City WARWICK State R.I. Zip 02886 | City WARWICK State RI Zip 02886 |
| Secretary Name THOMAS T. ZARUCCIAN | Treasurer Name THOMAS T. ZARUCCIAN |
| Street Address 110 ADRIAN ST. | Street Address 110 ADRIAN ST. |
| City WARWICK State RI Zip 02886 | City WARWICK State RI Zip 02886 |

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

| | |
|---------------------------------------------------------|----------------|
| Director Name THOMAS T. ZARUCCIAN | Director Name |
| Street Address 110 ADRIAN STREET | Street Address |
| City WARWICK State RI Zip 02886 | 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
100 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 COMM NO PAR

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



* 9 6 0 3 3 *

File Date: 1/31
Check No.: 4290
By: TC

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: 1/15/01
Print or Type Name of Officer: THOMAS T. ZARUCCIAN
Title of Officer: PRESIDENT



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. **96033** 2. Name of Corporation **HERB'S TOWING & SERVICE CENTER, INC.**
3. Street Address Principal Business Office **2648 WEST SHORE ROAD** City **WARWICK** State **RHODE ISLAND** Zip **02886**
4. Business Phone No. **401-737-0773** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3558**

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

TOWING & SERVICE STATION OPERATION

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

| | |
|----------------------------------------------------------------|----------------------------------------------------------------|
| President Name THOMAS T. ZARCOGIAN | Vice President Name THOMAS T. ZARCOGIAN |
| Street Address 110 ADRIAN STREET | Street Address 110 ADRIAN STREET |
| City WARWICK State RHODE ISLAND Zip 02886 | City WARWICK State RHODE ISLAND Zip 02886 |
| Secretary Name THOMAS T. ZARCOGIAN | Treasurer Name THOMAS T. ZARCOGIAN |
| Street Address 110 ADRIAN STREET | Street Address 110 ADRIAN STREET |
| City WARWICK State RHODE ISLAND Zip 02886 | City WARWICK State RHODE ISLAND Zip 02886 |

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

| | |
|----------------------------------------------------------------|----------------|
| Director Name THOMAS T. ZARCOGIAN | Director Name |
| Street Address 110 ADRIAN STREET | Street Address |
| City WARWICK State RHODE ISLAND Zip 02886 | 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 |
|-------------------|------------------|--------------|---------------------|
| | 100 | COMM | NO PAR VALUE |

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

| ISSUED SHARES | Number of Shares | Class/Series | Par Value |
|---------------|------------------|---------------|---------------|
| | 100 | COMMON | NO PAR |

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



* 9 6 0 3 3 *

File Date: 2/1/00
Check No.: 3415
By: TC

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: 1/15/2000
THOMAS T. ZARCOGIAN
Print Name of Officer: PRESIDENT
Title of Officer: _____



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 99
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96033 2. Name of Corporation HERB'S TOWIND & SERVICE STATION, INC.
3. Street Address Principal Business Office 2648 WEST SHORE ROAD City WARWICK State RHODE ISLAND Zip 02886
4. Business Phone No. 401-737-9773 5. State of Incorporation RHODE ISLAND 6. SIC Code 3558
~~TOWINEX&SERVICESTATION~~

7. Brief Description of the Character of Business Conducted in Rhode Island
TOWING & SERVICE STATION OPERATION

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

| | |
|-----------------------------------------------|--------------------------------------------|
| President Name THOMAS T. ZAROOGIAN | Vice President Name THOMAS T. ZAROOGIAN |
| Street Address 110 ADRIAN STREET | Street Address 110 ADRIAN STREET |
| City WARWICK, RH State RHODE ISLAND Zip 02886 | City WARWICK State RHODE ISLAND Zip 02886 |
| Secretary Name THOMAS T. ZAROOGIAN | Treasurer Name THOMAS T. ZAROOGIAN |
| Street Address 110 ADRIAN STREET | Street Address 110 ADRIAN STREET |
| City WARWICK State RHODE ISLAND Zip 02886 | City WARWICK State RHODE ISLAND Zip 02886 |

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

| | |
|-------------------------------------------|----------------|
| Director Name THOMAS T. ZAROOGIAN | Director Name |
| Street Address 110 ADRIAN STREET | Street Address |
| City WARWICK State RHODE ISLAND Zip 02886 | 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 | Class/Series | Par Value |
|-------------------------|--------------|-----------|
| Number of Shares 100 | COMMON | NO PAR |

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

| ISSUED SHARES | Class/Series | Par Value |
|-------------------------|--------------|-----------|
| Number of Shares 100 | 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: 04-06-99
Check No.: 2658
By: JD

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: THOMAS T. ZAROOGIAN Date: 4/5/99
Print or Type Name of Officer: THOMAS T. ZAROOGIAN
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. **96033** 2. Name of Corporation **HERB'S TOWING & SERVICE CENTER, INC.**
3. Street Address Principal Business Office **2648 WEST SHORE ROAD, WAPWICK** City **RI** Zip **02896**
4. Business Phone No. **401-777-0773** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **96033**

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

TOWING & SERVICE STATION OPERATIONS

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

| | |
|-------------------------------------------------------|-------------------------------------------------------|
| President Name THOMAS T. ZARCOGIAN | Vice President Name THOMAS T. ZARCOGIAN |
| Street Address 110 ADRIAN STREET | Street Address 110 ADRIAN STREET |
| City State Zip WARWICK, RHODE ISLAND 02896 | City State Zip WARWICK, RHODE ISLAND 02896 |
| Secretary Name THOMAS T. ZARCOGIAN | Treasurer Name THOMAS T. ZARCOGIAN |
| Street Address 110 ADRIAN STREET | Street Address 110 ADRIAN STREET |
| City State Zip WARWICK, RHODE ISLAND #02896 | City State Zip WARWICK, RHODE ISLAND #02896 |

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

| | |
|-------------------------------------------------------|---------------------------------------------|
| Director Name THOMAS T. ZARCOGIAN | Director Name THOMAS T. ZARCOGIAN |
| Street Address 110 ADRIAN STREET | Street Address 110 ADRIAN STREET |
| City State Zip WARWICK, RHODE ISLAND #02896 | City State Zip Warwick LRI 02896 |
| Director Name THOMAS T. ZARCOGIAN | Director Name THOMAS T. ZARCOGIAN |
| Street Address 110 ADRIAN STREET | Street Address 110 ADRIAN STREET |
| City State Zip WARWICK RI 02896 | City State Zip Warwick RI 02896 |

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

AUTHORIZED SHARES

| | | |
|------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|

100 COMM NO PAR VALUE

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

ISSUED SHARES **100**

| | | |
|------------------|--------------|-----------|
| Number of Shares | Class/Series | Par Value |
|------------------|--------------|-----------|

common no par

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



* 9 6 0 3 3 *

File Date: 1.27.98
Check No.: 1790
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: 1/16/98
Print or Type Name of Officer: THOMAS T. ZARCOGIAN

Title of Officer: _____