

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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401-222 3040

	Brown, Secretary of Si	tate		1T	nviaence, ki 02905-1555 401.222.3040
PROFIT CORPO! Filing Period: January 1 - M (FORM MUST BE TYPED OR PRI.	RATION ANN		FOR THE YEAR	2005	
1 Corporate ID No.	2. Name of Corporation				
1638	AUTO GRAPHICS	S, INC			
3. Street Address Principal Business 225B GEOR	· · · · / · · ·	EMAN RO.	JOHNSTON	State	029.19
1. Business Phone No		5. State of Incorporation (,			6. State of
7 Hrtef Description of the Character AUTO TRIM DESIGN AI		bude Island			
8. NAMES AND ADDRESSE President Name	S OF THE OFFICERS:	("X" BOX FOR ATTAC	Vice President Name	CES BEFORE USING AT	
DOMENIC	J AR	BENTI	DOMENIC	J ARG	ENTI
Street Address	ECHNUT J	_	Sirect Address 33 BEE	ECHNUT Z	DRIVE
JOHNSTON	Stap R. T.	02919	JOHNBTON	State T	^{7.6} 02919
LORI	A ARA	ENTI	DOMENIC	3 J AR	BENT]
Sirrei Address 33 Bi	EECHNUT	DRIVE	Sireci Address 33 BE	ECHNUT	DRIVE
9. NAMES AND ADDRESSE	S OF THE DIRECTOR	24p 02919 S: ("X" BOX FOR ATT	City OHUSTON ACHMENT) FILL IN SP	State PACES BEFORE USING A	210 02919 ATTACHMENTS
Director Name	T Ac	LBENTI	Director Name	=	
Street Address	ECHNUT I		Sircei Address		
TONNSTON	State	02919	City	Siaic	Zip
Director Name NowE			Director Name	112	
Sinci Address	 .	 	Street Address		
Cuy	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	O ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHME	NT) [
Number of Shares	Class/Series	Par Vidue	Number of Shares	Class/Series	Par Value
100 NO DAD VALUE			100		NO Pro Vans

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

		Under penalty of perjury including any accompan
File Date	25/05	contained herein are true Signature of Officer OMEN
By:FOR SEC	CRETARY OF STATE USE ONLY	Print or Type Name of Off Title of Officer



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

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					
1638	AUTO GRAPHIC	S, INC.				
3. Street Address Principal Business O)fice		City	State	Zip	
225B GEO	RGE WATE	RMAN 4D.	JOHNSTON	1 74	02919	
4. Business Phone No.		5. State of Incorporation			6. SIC Code	
401-233-0	0075	RHODE ISLAND			0	
7. Brief Description of the Character of AUTO TRIM DESIGN AN	of Business Conducted in RI D GLASS TINTING		· · ·			
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT)	N SPACES BEFORE USING	ATTACHMENTS	
President Name	e 1		Vice President Name	T 1		
LOMENIC	ARGENT	/	-DOMENI	C ARGEN	171	
Street Address		$\overline{}$	Street Address	2	<u> </u>	
33 DEE	CHNUT	DRIVE	33 £	DEECHNUT	DRIVE	
JOHNSTON	Stage I	02919	SOHNSTON	State 7	Zip 02919	
Secretary Name	, A		Treasures Name	T /	······	
LORIA	ARGEN	177	DOMEN	11 CHREEN	171	
Street Address			Street Address	77		
33 DE	EECHNUT!	DRIVE	33 ¢	BEECHNUI	- WRIVE	
City	Signe	02919	JOHNETO	-	02919	
9. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	, , ,	IN SPACES BEFORE USI	NG ATTACHMENTS	
DIRCIOMENIC	J. ARGEL	171	Director Name	VONE		
Sircei Address	ţ	$\overline{}$	Street Address			
33 Di	BECHNUT	Drive				
CON TOHNETON	Signo	02919	City	State	Zip	
Director Name	•	/ //	Director Name		•••••••••••••••••••••••	
NO	UE		NONE			
Street Address			Street Address			
City:	State	Ζφ	City	State	Zip	
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACH	IMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
100 NO PAR VALUE			100			
This report must be s	signed in ink by cithe	er the President Vice Pr	resident Secretary Assis	stant Secretary, Treasurer,	Receiver or Trustee	



Edward S. Inman, III, Secretary of State Corporation 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



· ····· · · · · · · · · · · · · · · ·	,	1 7			INSTRUCTION
(FORM MUST BE TYPED OR PI					
1. Corparate ID No.	2. Name of Corpor				
1638 3. Street Address Principal Busi		PHICS, INC.	Cla.	.	
~		abla	JOHNSTO	State	_ ZIP 02919
1. Business Phone No.	EORGE WA	アプラインタイプ ゲース 5. State of Incorporati			
401-233-	002	•			6. SIC Code
7. Brief Description of the Char	acter of Business Conducted	RHODE ISLA	ND		0
TIN STRI	,	LASS TINT			
8. NAMES AND ADDE	. :	ICERS ('X' BOX FOR AT		ES BEFORE USING ATTA	A CHMENTS
President Name		TOURS OF BOX TOX ATT	Vi <u>ce Presid</u> ent Name	CS DEI ORE OSING ATT	*CHMEN13
= DOINENIC	J AR	GENT1	Domeni	~ TA	2GENTI
Street Address	_		Street Address		
33 BE	ECHNUT L	DRIVES	33 7	SEECHNU.	- Drive
Gity P	State	Zip	City	State	_ Zip
JOHNSTON	/ 4<~~	02919	OHNET.		02919
Secretary Name	1 1		<u> Deasurer</u> Name		./
LORI	A FRO	SENT!	1)OMEN	$1/C \cup A$	RGENTI
Street Address	_	$\overline{\mathcal{D}}$	Street Address	2	1 —
	PONDUTC	LAIUB	33 1	PEECHNUT	DRIVE
City Tour	/ Stole	_ ZIP	CITY	State of	zip 02919
O NAMES AND ADDE		ESTORS (02919
9. NAMES AND ADDR Direct <u>or Name</u>	ESSES OF THE DIK	ECTORS ("X" BOX FOR)	ATTACHMENT) FILL IN SPA Director Name	CES BEFORE USING AT	TACHMENTS
DOMENIC	a ST da	, , , , , , , , , , , , , , , , , , ,	Director waine	A	
Street Address	= - 7E	GENTI	Street Address	JONE	
133 7	SEE CHNU	To Daylor			***
ciry —	State	Zip	City	State	Zip
JOHUSTON		02919			·
Director Name	–	. •	Director Name		•
\sim	ONZE			VONE	
Street Address			Street Address	•	
City	State	Zip	- City	State	' ZIp
20 CT (DEC . 1 (m) - 0 m)	ann /				
10. SHARES AUTHORI AUTHORIZED SHARES	ZED ("X" BOX FOR ATT	(ACHMENT)		("X" BOX FOR ATTACHME	NT)
Number of Shares	Class (Saulas	Par Value	ISTUED SHARES	.	
	Class/Series	rar value	Number of Shares	Class/Series	Par Value
100 NO PAR VALUE			100		
PL+		•• • • •			-
nis report must be si	gned in ink by eit.	her the President, Vio	e President, Secretary, A	ssistant Secretary, Trea	isurer, Receiver or Trust

<200 s

	* 1 6 3 8 *
File Date:	1.29.03
Check No.: _	2195
Ву:	P
FOR SECRET	ARY 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. Sign Date Title of Officer

Form 630 12/02

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



Filling Period: January 1-March 1 • Filling Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 1638 AUTO GRAPHICS, INC. 3. Street Address Principal Business Office 225B GEORGE A 5. State of Incorporation 401-233-0075 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhyde Island GLASS TINTING UTO TRIM DESIGN INSTALLATION 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director No. Director Name Street Address Clly State Zip Director Name Director Name Street Address Street Address Clty State 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 **100 NO PAR VALUE** 100

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



FEB 06 2002

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

ESIDEM Title of Officer

---- 5

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

Office of the Secretary of State PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PLEASE READ INSTRUCTIONS

z iiing s criva. janka	iy i-march i	Filing Fee: \$30.0	,,,		(188
(FORM MUST BE TYPED IN E	BLACK)				
I. Corporate ID No. 1638	2. Name of Corpord AUTO GRAI	PHICS, INC.			·
3. Street Address Principal Busin	ess Office		City	State	Zip
225B GEO	DRBE WATT	ERMAN #ON	O JOHUSTON	J AL	029
4. Business Phone No.		5. State of Incorpora	ntion		6. SIC Cope
-101-233-		RHODE ISI	LANU		Ū
7. Brief, Description of the Chara		,			
\ \ \ - \ \ \ \ \ \ \ \ \ \ \ \ \ \	DBS16N	/	TINTING		
8. NAMES AND ADDR President Name	ESSES OF THE OFF	ICERS ("X" BOX FOR A		ES BEFORE USING ATTA	CHMENTS
DOMENIC	\mathcal{L}	000.00	Vice President Name		
Street Address	-	REENTI	Street Address	MME	
33 BE	FCHNUT	DRIVE	Street Mouress		
city O	State	Zip	City	State	Zip
DANSTOR	1546	0291	9		,
Secretary Name			Treasurer Name		
	AME			TAME	
Street Addréss			Street Address		
City	State	Zip	City	State	ZIp
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS (*X* BOX FOR	RATTACHMENT) FILL IN SPA	CES BEFORE USING AT	FACHMENTS
Director Name	<u> </u>		Director Name		
	-SANE			- ANB	•
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 AUTHORIZ	ZED (*X* BOX FOR ATT	(ACHMENT)	11. SHARES ISSUED) (*X* BOX FOR ATTACHMEN	IT)
AUTHORIZZED SHARES			ISSUED SHARES		••
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 NO PAR VAL	UE		100		
		•	-		
		• •	•		

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

File Date:	3-9-01	
Check No.:	1814	
	7	

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined

E--- (20 1000

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP P14 55 R1 40 PSSTR C, HOSS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 1638 AUTO GRAPHICS, 3. Street Address Principal Business Office 225B 6. SIC Code RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island ACCESSORIES TRIM OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President No. Street Address Zip City State Secretary Name Treasurer Name Street Address Street Address City City Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address City State ZIP Director Name Director Name Street Address Street Address City State - City State 21p 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 100 NO PAR VALUE 100

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

. ,	
	Å.
A PERSON MENT BRIDE INVESTIGATION	Under penalty of perjury, I declare and affirm that I have examined
, * 1 , 6 3 8 *	this report, including any accompanying schedules and statements, and
File Date: 2/17/00	that all statements contained herein are true and correct.
Check No.:	Signalure of Officer Date NOMENIC LA ARGENTI
BY: DJM	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	TILLE OF OFFICER



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

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 1999

Filing	Period:	January	1-March 1	•	Filing Fee: \$50.00	
		, ,			2 111110 2 111. 000.00	

ST	OP
PLFASE INSTRU	. READ PTIONS

Filing Perioa: January	I-March I • Fi	ling Fee: \$50.00			INSTRUCTIONS
FORM MUST BE TYPED IN BLAC					'/
1. Corporate ID No.	2. Name of Corporation	00 1110			
1638 3. Street Address Principal Business O	AUTO GRAPHI	C2' INC'	City ()	State	Zip
627 KIL		51	JOHNSTON.		02419
1. Business l'hone No.	7	S. State of Incorporation			6. SIC Code
401-621-3	3&OO	RHODE ISLAND			
7. Brief Description of the Character of					
AUTO TRAIN				. .	· <u></u>
Oceand descriptions	~ .		IMENT) C FILL IN SPACES BEF	ORE USING ATTACHM	IENTS
President Name	sics. Ara	GENITI	· Vice President Name	BAME	
7. 7.4	`•	·	Street Address	277770	
100 5	SUNFLOW	EI (12.			
City	State	Zip	City	State	Zip
		02911			l
Secretary Name	3		Treasurer Name	SAME	
Street Address	PAME			2 AME	
Street Address			- Street Address		
City	State	Zip	: City	State	Zip
	1.	'	·		
9. NAMES AND ADDRESS	ES OF THE DIRECT	ORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES B	EFORE USING ATTAC	HMENTS
Director Name	7111		Director Name		
	JAME	····			
Street Address			Street Address		
City	State	Zip	City	State	Zip
	1	1	•	,	
Director Name	·······	••••••	: Director Name	. , i	
			<u>.</u>		
Street Address			. Street Address		
City	State -	$\frac{1}{2lp} =$	City	State	T 210
		1 ""	:	3.51	j
10. SHARES AUTHORIZED	(°X° BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*X*)	BOX FOR ATTACHMENT)	
AUTHORIZED SHARES	· · · · · · ·	·····	ISSUFED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	1	110		,	1-
100 NO PAR VALUE	COMMON	NO	100	Common	_NO
				!	1
			<u> </u>		- !
this report must be signe	d in ink by either	the President, Vice I	President, Secretary, Assista	nt Secretary, Treasure	r, Receiver or Trustee
			Madaa aaaab 6 +	dania d -661	hat I have asset===4
* 1	6 3 8 *			y, I declare and affirm they accompanying schedu	

File Date: . Date Check No.: rint or Type Nat FOR SECRETARY OF STATE USE ONLY Title of Officer

Class/Series

Common

Number of Shares

100

Par Value

Without par value

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

Without par value

INC.

Common

•	•		=			
(FORM	MUST BE TYPED IN BLA	CK)				
I. Corpo	rate ID No.	2. Name of Corporation	οπ	•		
7 Stead	1638 Address Principal Business	Office	AUTO-GRAPHI	CS, INC.	State	Zip
J. 317661	627 Killingl			Johnston	RI	02919
4. Busin	ess Phone No.		5. State of Incorporation			6. SIC Code
7. Brief	(401)273–076 Description of the Characte			hode Island		8896
8. NA	Automotive t		CERS ("X" BOX FOR ATTA	CHMENT)		
Presiden				Vice President Name		
Street A	Domenic J. A	Argenti, Jr.		Domenic J. Street Address	Argenti, Jr.	
Clty	627 Killingl	y Street State	Zip	627 Killing	ly Street State	Zip
Secretar	Johnston v Name	RI	02919	Johnston Treasurer Name	RI .	02919
Street A	Domenic J. A	Argenti, Jr.		Domenic J. A Street Address	rgenti, Jr.	
	627 Killing	lv Street		627 Killingl	y Street	
City		State	Zip	City	State	Zip
	Johnston	RI	02919	Johnston	RI	02919
9. NA Director		SSES OF THE DIRE	CTORS (*X* BOX FOR A)	TTACHMENT) Director Name		
Street A	ddress			Street Address		
City		State	Zip	City	State	Zip
Directo	r Name			Director Name	•	
Street A	ddress			Street Address		
City		State	Zip	City	State	Zip
	HARES AUTHORIZI	ED ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACHMEN	r)
Numbe	r of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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

Number of Shares

100

	Under penalty of perjury, I declare and affirm that I have examined
_	this report, including any accompanying schedules and statements, and
a ED 6	that all statements contained herein are true and correct.
File Date:	Annual Countries 9-17-95
CC 23 11-9	Signature of Officer Date
Check No.:	Domenic J. Argenti, fr. AUTO-GRAPHICS, INC.
× 1222	Print or Type Name of Officer
By:	President
FOR SECRETARY OF STATE USE ONLY	Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPEL	O IN BLACK)				
1. Corporate ID No.	2. Name of Corpo	ration			
1638	•	AUTO-GRAPHIC	S. INC.		
3. Street Address Principal	Business Office	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City	State	Zip
627 Kill	lingly Street		Johnston ·	RI	02919
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401)273	3–0767	RI	ode Island	•	8896
7. Brief Description of the	Character of Business Conducted	d in Rhode Island	·	'	
	ive trim design.				
	DDRESSES OF THE OF	FICERS ("X" BOX FOR ATTACK			
President Name			Vice President Name		
Domenic Street Address	J. Argenti, Jr.		Domenic J	I. Argenti, Jr.	
	1:1 644			ingle Change	
OZI KIII	lingly Street State	Zip	City City	ingly Street	Zip
Johnston		02919	Johnston	RI	02919
Secretary Name	. KI	OL717	Treasurer Name		02717
Domenic	J. Argenti, Jr.		Domenic J. Ar	rgenti. Jr.	
Street Address	0 ,		Street Address	,	٠
627 Kill	lingly Street		627 Killingly	y Street	
City	State	Zip	Ciry	State	Zip
Johnsto	n RI	02919	Johnston	RI	02919
9. NAMES AND A	DDRESSES OF THE DI	RECTORS ("X" BOX FOR ATTA			•
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	Ŝtate	Zip
City	State	Lip	City	5.51	
Director Name			Director Name	•	
\					
Street Address			Street Address		
City	State	Zip	City	· State	Zip
10. SHARES AUTH	IORIZED ("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Serles	Par Value
100	C	######################################	100	0	Without
100	Common	Without par value	100	Common	par value

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
		(1)	that all softements contained herein are true and forrect.
File Date:	FILED	1 4 2 2 2	Amuil Control 9-17-98
Check No.:	CCI 23 1998		Signature of Officer Domenic J. Argenti Jr. (AUTO-GRAPHICS, INC.)
Ву:	By 3772	a d <u>i</u>	Print or Type Name of Officer President
FOR SECRETARY OF	STATE USE ONLY		Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1996 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PERSEREND
INSTRUCTIONS

Without par value

Common

TECKM MUST BE TYPED IN BE	.ACK)						
1. Corporate ID No.	2. Name of Corporati	ion					
1638		AUTO-G	RAPHICS, INC.				
3. Street Address Principal Busines	ss Office		City	State	Zip		
627 Killingl	y Street		Johnston	RI	02919		
4. Business Phone No.		5. State of Incorporat	tion		6. SIC Code		
(401)273-076	57	Rhod	e Island		8896		
2. Brief Description of the Charact	ter of Business Conducted in	Rhode Island	·				
Automotive t	rim design.						
8. NAMES AND ADDRE	SSES OF THE OFFI	CERS ("X" BOX FOR AT	TACHMENT) Vice President Name				
Domenic J. A	Argenti, Jr.		Domenic J. Street Address	Argenti, Jr.			
627 Killingl	v Street		627 Killir	ngly Street			
City	State	Zip	City	State	ZIp		
Johnston	RI	02919	Johnston	RI	02919		
Secretary Name			Treasurer Name	•			
Domenic J. A	Argenti, Jr.		Domenic J.	Domenic J. Argenti, Jr.			
Street Address			Street Address				
627 Killingl	ly Street		627 Killiı	ngly Street			
City	State	Zip	City	State	Zip		
Johnston	RI	02919	Johnston	RI	02919		
9. NAMES AND ADDRE	ESSES OF THE DIRE	CTORS ("X" BOX FOR	ATTACHMENT)				
Director Name			Director Name				
Street Address			Street Address		-		
Clty	State	Złp	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	т)		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		

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

100

Without par value

100

Common

		Under penalty of perjury, I declare and affirm that I have examined
		this report, including any accompanying schedules and statements, and
	[î, ''' -	that are statements contained herein are true and correct.
File Date:	FILL	1 1/1 the 22 se
riie Date:	798	house Aliquity 9-11-98
	123 123	Signature of Officer Date
Clieck No.:	- (1) [1-1]	Domentic J. Argenti, Jr. AUTO-GRAPHICS, INC.
	(127-527)	Print or Type Name of Officer
Ву:	By 7/17/0	President
FOR SECRETARY	OF STATE USE ONLY	Trestdenc
		Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1995 Filing Period: January 1-March 1 • Filing Fee: \$50.00

CHOKM MOST BE TYPED IN BLA	ICK)				
1. Corporate ID No.	2. Name of Corpo	pration			
1638	AL	TO-GRAPHICS, INC.			
3. Street Address Principal Business		•	City	State	Zip
627 Killingly	Street		Johnston	RI	02919
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401)273-0767		Rhode Isl	and.		8896
7. Brief Description of the Characte		d in Rhode Island			
Automotive tr	im design.				
8. NAMES AND ADDRES President Name	SES OF THE OF	FICERS ("X" BOX FOR ATTACH	MENT) Vice President Name		
Domenic J. Ar	genti, Jr.		Domenic J.	Argenti, Jr.	
Street Address		•	Street Address		
627 Killingly	Street		627 Killing	ly Street	
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Secretary Name			Treasurer Name	•	
Domenic J. Ar	genti, Jr.		Domenic J. A	Argenti, Jr.	
Street Address			Street Address		
627 Killingly	Street		627 Killing	ly Street	
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
9. NAMES AND ADDRES Director Name	SES OF THE DI	RECTORS ("X" BOX FOR ATTA	CHMENT) Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name		•	Director Name		
Street Address			Street Address		
City	State	- Zip	- Chy	· State	ZIP –
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*x* box for a	TTACHMENT)	11. SHARES ISSUED (ISSUED SHARES	"X" BOX FOR ATTACHMENT.)
Number of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
100	Common	Without par value	100	Common	Without par value

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

ile Date:	FILED	fs, "" _
heck No.:	CCT 2 3 1998	_
y:	By 37/19 21237	og üs

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that or statements confained perein are true and correct. Date Domenic J AUTO-GRAPHICS, INC.

Print or Type Name of Officer

President Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1994

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

(FORM MUST BE TYPED IN BLACK)

1. Carporate ID No. 1638

2. Name of Corporation

AUTO-GRAPHICS, INC.

3. Street Address Principal Business Office

627 Killingly Street

City Johnston

RI

02919

4. Business Phone No.

5. State of Incorporation

6. SIC Code

Zip

(401)273-0767

Rhode Island

8896

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

Automotive trim design.

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

RI

President Name

City

City

Domenic J. Argenti, Jr. Street Address

Domenic J. Argenti, Jr. Street Address

State

627 Killingly Street

02919

627 Killingly Street Johnston

Johnston Secretary Name

Domenic J. Argenti, Jr.

Treasurer Name

City

City

RT Domenic J. Argenti, Jr. 02919

Street Address

627 Killingly Street

Street Address

627 Killingly Street

Johnston

RI

02919

Johnston

RI

02919

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

Director Name

Street Address

Street Address

City

State

Zip

Zip

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

Par Value

- City

- State

Zip

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

AUTHORIZED SHARES

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

Class/Series

Par Value

Number of Shares

Class/Series

Number of Shares

100

Common

Without par value

100

Common

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and atements contained herein are thue and correct.

Without par value

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

FS, MY JE DE TO TO ATA

AUTO-GRAPHICS, INC.

President

Title of Officer

FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1993 Filing Period: January 1-March 1 • Filing Fee: \$50.00

100	Common	Without par val	lue 100	Common	Without par
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10. SHARES AUT AUTHORIZED SHARES	HORIZED (*x* box for a	TTACHMENT)	11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACHMENT)
City	State	· Zip	- City	State	ZIP
Street Address			Street Address		
Director Name			Director Name	•	
City	State	Zip	City	State	Zip
Street Address			Street Address		
9. NAMES AND A	ADDRESSES OF THE DI	RECTORS ("X" BOX FOR AT	TACHMENT) Director Name		
Johnston	RI	02919	Johnston	RI	02919
Street Address 627 Killi City	ingly Street	Zip	Street Address 627 Killing	ly Street	Zip
•	I. Argenti, Jr.			Argenti, Jr.	
Secretary Name	KI	02919	Johnston Treasurer Name	RI .	02919
City Johnston	State RI	^{21p} 02919	City	State	21p
627 Killi	ingly Street		627 Killing	ly Street	
Street Address	. Argenci, Ji.		Street Address	rigenci, Ji.	
President Name	I. Argenti, Jr.	FICERS (*X* BOX FOR ATTA	Vice President Name	Argenti, Jr.	
	ve trim design.	PLOTE COMMENT			
•	e Character of Business Conducted				0070
(401)273-	-0767	Rhode Isl			8896
627 Killi 4. Business Phone No.	ingly Street	5. State of Incorporation	Johnston	RI	02919 6. SIC Code
3. Street Address Princip			City	State	Zip
1030	AUTO-0	GRAPHICS, INC.			
1638					

his report must be s igned in ink l	by either the President	, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
FILED	Property of the second	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date: CCT 2 3 1998		A
Check No. 3th		Sinature of Officer Date Domeraic J. Argenti Auto-GRAPHICS, INC.
Ву: 03/2372-		Domerac y. Argenti (AUTO-GRAPHICS, INC.
FOR SECRETARY OF STATE USE ONLY		President Title of Officer

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID1638	······	Annual Report for the	year1992
FIRST: The name	of the corporation is	AUTO-GRAPHICS, INC.	
SECOND: It is inco	rporated under the laws of	RHODE ISLAND	
	of business, briefly stated, i	אוודטאטייטטי מעדידטא	SIGN
FOURTH: If foreig	n corporation, address of its	principal officeN/A	
FiffH: Business ad	ddress in Rhode Island	383 Trimtown Road No.	Scituate, Rl 02857
SIXTH: Names and	d addresses of its directors a		(Attach rider if necessary) umber, street, zip code)
	Director		
	Director		
	Director		
Domenic J. Arger	ti, Jr. President		NoS.c.i.t.ua.t.e.,RIQ2857
Judith L. Argent	iVice Pres	ident 383 Trimtown Road	No. Scituate, RI 0285
	Secretary		
Domenic J. Argo	nti, Jr. Treasure	· 383 Trimtown Road	NoSci.tua.t.e.,RI02857
SEVENTH: Number No of Shares 100	r of Shares authorized: Class	DEC 24 1892	Par Value or statement that shares are without par value
		SEC'Y OF STATE	
Еіднтн: Number	of Shares issued:		Par Value or statement that
No. of Shares	Class	Senes	shares are without par value
Dated January	199.2	AUTO-GRAPHICS, INC (Name of Corporation) By Multi T X Judith L. Argenti	Je genti
(Report must be	signed by an officer)	Title Vice President	<i>(</i>

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID1638		Annual Report for the	e year1991
FIRST: The name of the	e corporation isAUTO	D-GRAPHICS, INC.	
Second: It is incorpor	ated under the laws of	RHODE ISLAND	
THIRD: Character of b	usiness, briefly stated, is	AUTOMOTIVE TRIM DES	IGN
FOURTH: If foreign cor	poration, address of its p	rincipal officeN/A	
FIFTH: Business addres	s in Rhode Island3.83	3 Trimtown Road No. S	cituate, RI 02857
Name	Iresses of its directors and		(Attach rider if necessary) umber, street, zip code)
······································			
Dominio I. A.		000 / 0	
Domenic J. Argenti,			XoScituate,R.L0285
			No. Scituate, RI 0285
Domenic J. Argenti,	Treasurer	383 Trimtown Road	No. Scituate,RI02857
SEVENTH: Number of S	Shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series OCA	snares are without par value
100		PAID (PO)	,
Franks Number of Cl		DEC 24 1552	Par Value
EIGHTH: Number of S	nares issued:	SECY OF STATE	or statement that shares are without
No. of Shares	Class	Series	par value
Dated January		AUTO-GRAPHICS, IN (Name of Corporation)	
(Report must be signed	ad by an officer)	Judith L. Argenti Title Vice President	(lrjente

State of Rhode Island and Providence Plantations Corporations division 100 North Main Street PROVIDENCE, RHODE ISLAND 02903

Corporate ID1638	······································	Annual Report for	the year1990
FIRST: The name of the corpo	oration is AUTO-	GRAPHICS, INC.	
SECOND: It is incorporated un	nder the laws of	RHODE ISLAND	
THIRD: Character of business	briefly stated, is	AUTOMOTIVE TRIM D	ESIGN
FOURTH: If foreign corporation	on, address of its prin	ncipal officeN/A	
FIFTH: Business address in RI	node Island383	Trimtown Road No	. Scituate. R1 02857
Sixth: Names and addresses	of its directors and o		(Attach rider if necessary) ng number, street, zip code)
	Director		
	Director		
<u> </u>	Director		
Domenic J. Argenti, Jr.	President	383 Trimtown Ro	ad No. Scituate, RI 02857
Judith L. Argenti	Vice Presiden	it 383 Trimtown Ro	ad No. Scituate,RI 02857
- · - ·	Secretary		
Domenic J. Argenti, Jr.	Treasurer	383 Trimtown Ro	ad No. Scituate,R1 02857
SEVENTH: Number of Shares	authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series (\	par value
EIGHTH: Number of Shares is	ssued: DE (PAID (0)	Par Value or statement that shares are without par value
No of Shares	SEC Y	2 % 1992 Sense OF STATE	pai value
Dated January	·	AUTO-GRAPHICS, I	J. arcenti
(Report must be signed by an	By officer)	tle //c/c/ /	Resident

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 1638		Annual Report for th	e year1989
First: The name	of the corporation isAUTC	GRAPHICS, INC.	
SECOND: It is income	orporated under the laws of	RHODE ISLAND	
THIRD: Character	of business, briefly stated, is.	AUTOMOTIVE TRIM DES	IGN
FOURTH: If foreig	n corporation, address of its p	orincipal officeN/A	
FIFTH: Business a	ddress in Rhode Island 38	3 Trimtown Road No. S	Scituate, RT 02857
SIXTH: Names an	d addresses of its directors and		(Attach rider if necessary)
	Director		
	Director		
	Director		
Domenic J. Arge	nti, Jr. President	383 Trimtown Road No	a. Scituate, RIO2857
Judith L. Argen	t.iVice Presid	ent 383 Trimtown Road	! No. Scituate,RI0285
	Secretary		
Domenic J. Arge	nti, Jr. Treasurer	383TrimtownRoadI	NoScituate,RIO2857
SEVENTH: Number	er of Shares authorized:	·	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100		, a()	
Eighth: Number	of Shares issued:	DEC 24 1992 Series STATE	Par Value or statement that
No. of Shares	Class S2	EC'Y OF STATE	shares are without par value
Dated January	19 89	AUTO-GRAPHICS, INC.	
		By Juclith 4.	Orgenti
(Report must be	e signed by an officer)	Title Vice President	V

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID		Annual Report for th	e year1988
First: The r	ame of the corporation isA	UTO GRAPHICS, INC.	
SECOND: It i	s incorporated under the laws of	the State of Rhode	Island
	acter of business, briefly stated, is		ign on auto-
Fourth: If f	oreign corporation, address of its	principal office	••••••
FIFTH: Busin	ess address in Rhode Island	383 Trimtown Road North Scituate, Rhode	Island 02857
	es and addresses of its directors ar		(Attach rider if necessary) number, street, zip code)
	Director Director		
	Director Argenti, Jr. President	383 Trimtown Road	North Scituate, RI 02857
		***************************************	North Scituate,RI 02857
· <u></u> ;	Secretary Treasurer	AUG S	
	umber of Shares authorized:	SEC'Y OF STATE	Par Value or statement that shares are without
No. of Shares	Class	Series	par value
Еіднтн: Nu	mber of Shares issued:	,	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
Dated July 28	19 .88	Auto-Grpahics, Inc. (Name of Corporation) By Judith	argenti 3980
(Report in	nust be signed by an officer)	Title Vice President	

State of Rhode Island and Providence Plantations

1622

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID			A	nnual Report for	r the year	19.88	********
First: 7	The name of the corporation	on isAU'	ΓO−GRAP⊦	IICS, INC.			•••••
SECOND:	It is incorporated under	the laws of	the Stat	e of Rhode	Island		•••••••
THIRD:	Character of business, brid	efly stated, is	Automo	tive Trim	Design		
Fourth:	If foreign corporation, a	ddress of its p	rincipal offi	ceN/A	••••••		
Fіғтн: 1	Business address in Rhode					ituate. RI 2857	
Sixth:	Names and addresses of its			Address (includ		(Attach rider if nec	
Domenic	J. Argenti, Jr.	Director	383	Trimtown R	oad No.	Scituate,R	I 02857
Judy L.	Argenti	Director	383	Trimtown R	oad No.	Scituate,R	1 02857
***************************************		Director	*************	***************************************	***************************************		********
Domenic	J. Argenti, Jr.	President	383	Trimtown R	oad No.	Scituate,	RI 02857
	Argenti		ent383	Trimtown R	oad No.	Scituate,	RI 02857
	J. Argenti, Jr.	Secretary Treasurer	Same	as above			
Seventh:	Number of Shares auth	orized:				Par Value	
No. of Sha	res Class			Series		or statement that shares are without par value	
Еіднтн:	Number of Shares issued		-AID			Par Value or statement that shares are without	
No of Sha	res Class	MAR	3 0 19 83	Series		par value	
DatedMar.	ch 15. 19	88	Auto-G (Name of Corpo	caphics, In aution)	Tuze	ctí	AC
(Re	port must be signed by an office	er)	Fitle Vici	le) Argent Lei Lu President	2,		

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 1638	Annual Report for the year
FIRST: The name of the corporation is	AUTO CRAPHICS, INC.
	of Rhode Island t, is
	its principal office
FIFTH: Business address in Rhode Island	
SIXTH: Names and addresses of its directors Name Off Director Director Director	Or
Preside Julith L. Argenti Vice Pr Secreta Treasur	resident RR#3 Box A-260 Scituate,
SEVENTH: Number of Shares authorized: No. of Shares Class	Par Value or statement that shares are without par value JAN 29 1987
EIGHTH: Number of Shares issued: No. of Shares Class	SECY OF STATE Par Value or statement that shares are without par value
ated January 20 19 87	Puto-Graphics, Inc. (Name of Corporation) By Justy J. Augenti
(Report must be signed by an officer)	Title / Kich President

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

orporate ID 1638		Annual Report for the year	ır 1986 \
First: The name of	the corporation is	GRAPHICS, INC.	
Second: It is incorp	orated under the laws of	Rhode Island	
THIRD: Character o	f business, briefly stated, is		
FOURTH: If foreign	corporation, address of its pri	ncipal office	
FIFTH: Business add	ress in Rhode Island		
SIXTH: Names and a	addresses of its directors and o	officers: Address (including number	(Attach rider if necessary)
	Director		
	Director		
	Director		
Dumenie J. An	(1916+1) President	615 Central Are.	Johnston, RJ 029
Textitle L. Air	PLLTVice Presiden	615 Central Are. Lame as abo	ve
	Secretary		
	Treasurer		
SEVENTH: Number	of Shares authorized:		Par Value
No. of Shares	Class	AID Scries	or statement that shares are without par value
		- 9 1986	
EIGHTH: Number of	Shares issued: SEC'Y.	OF STATE	Par Value or statement that shares are without
No. of Shares	Class	Series	par value
		0	
JUN 24	ENT'D By gned by an officer)	AUTO-CERAPHIES S ame of Corporation) July J. 199 The Vill President	

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

State of Rhode Island and Frovidence Plantations Corporations division 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID1638		Annual Report	for the year1985
FIRST: The name of	the corporation isAUTOC	Raphics, inc.	
			d
FOURTH: If foreign of	corporation, address of its pri	ncipal office	
Fifth: Business add	ress in Rhode Island		
Name	ddresses of its directors and office		(Attach rider if necessary) cluding number, street, zap code)
Domenic J. A.			PAL Are. Johnston, RJ above 02919
Donnewic J. f.	REGULATION 1: Secretary	Jane o	us alove
Domenic I. A	Gentle, fr. Treasurer	Same a	o alove
SEVENTH: Number of No. of Shares	of Shares authorized:	Senes	Par Value or statement that shares are without par value
EIGHTH: Number of	Shares issued:		Per Value or statement that shares are without
No. of Shares	Class	Series	pår value
Dated Felymany	22 19 85 L.R. By	AUTO-BRA Same of Corporation) y Judith	Applies, INC. L. Argenti Vesident
(Report must be signari 1785	gned by an officer) Ti	itle	WILGERT

1985 . RECEIVED MAR

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations Office of the secretary of state

		1	Annual Report for	the year ¹⁹⁸⁴	
First:	The name of the corporation is AUTO GRAPHICS, INC.				
SECOND:	It is inco	prporated under the	laws of Rhode	e Island	
THIRD:	Character	of business, briefly	stated, isInst	allation of automotive	
automotive	equipme	g, but not limi nt and accessor gn corporation, add	ies.	esign, alarms, alarms	
Г итн:	Business a	address in Rhode Is	land		
** ****	615 Cent	ral Avenue, Joh	nston, Rhode	Island	
Sixth:	Names and	d addresses of its o	lirectors and offic	cers:	
	(Addresses	must include street an	d number, if any)		
Ŋ	lame	Office		Address	
***********************	***************************************	Director	2+02/2+1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
		Director			
		Director			
		President		Avenue, Johnston, RI	
				•	
				Avenue.,Johnston,RI	
		Secretary		Avenue., Johnston,RI	
		Treasurer	.615Central	Avenue., JohnstonRI	
SEVENTH	: Numbe	r of Shares author	rized:	Par Value	
No. of Sha		Class	Series	or statement that shares are without par value	
100		Common		No Par	
Еіснтн:	Number	of Shares issued:		Par Value	
No. of Sha	res	Class	Series	or statement that shares are without par value	
100	•	Common	Į.	No Par	
			10		
ated:	March 5	19.84	AUTO GRAPI	HICS, INC.	
	10941		(Name of Corpora Domenic Arg	don) enti	
APR 1	1 120×1	Yes Do	y PreSident ≥./	· 0 + 0	
W	W		litle Formuni	co Cargenti, TRESION	
		Ĭ	(Report must b	e signed by an officer)	

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040