



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. 108542		2. Name of Corporation Casale Auto Sales & Auto Body, Inc.			
3. Street Address Principal Business Office 2741 Hartford Ave			City Johnston	State RI	Zip 02919
4. Business Phone No 401 934 3338		5. State of Incorporation RHODE ISLAND		6. SIC Code 0	
7. Brief Description of the Character of Business Conducted in Rhode Island PURCHASE AND SALE OF USED AUTOMOBILES, AUTO BODY REPAIR.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Karen Casale			Vice President Name Same		
Street Address 2741 Hartford Avenue			Street Address		
City Johnston	State RI	Zip 02919	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			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"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			2000	Common	none

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



File Date 1-21-05
Check No. 11020
By: ac
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.

Karen Casale / 1/16/05
Signature of Officer Date
Karen Casale
Print or Type Name of Officer
President
Title of Officer



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. 108542		2. Name of Corporation Casale Auto Sales & Auto Body, Inc.			
3. Street Address Principal Business Office 2741 HARTFORD AVENUE			City JOHNSTON	State RI	Zip 02919-
4. Business Phone No. 4019343338		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island PURCHASE AND SALE OF USED AUTOMOBILES, AUTO BODY REPAIR.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Karen Casale			Vice President Name same		
Street Address 274 Hartford Avenue			Street Address		
City Johnston	State RI	Zip 02919	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			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 NO PAR VALUE			2000	common	none

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



1 0 8 5 4 2

108542 DBC 01/09/04 01:33:09 PM

File Date **FILED**

Check No. **JAN 15 2004**

By: **By 1566 G.M.**

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.

Karen Casale 1/13/04
Signature of Officer Date

Karen Casale
Print or Type Name of Officer

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. **108542** 2. Name of Corporation **Casale Auto Sales & Auto Body, Inc.**
3. Street Address Principal Business Office **2741 Hartford Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **934-3338** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island **To conduct auto sales and auto body repair and reconditioning and all things necessary and advisable for corps. lawfully organize**
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Karen Casale Street Address 2741 Hartford Avenue City Johnston State RI Zip 02919 Secretary Name	Vice President Name Karen Casale Street Address 2741 Hartford Avenue City Johnston State RI Zip 02919 Treasurer Name Karen Casale Street Address 2741 Hartford Abve City Johnston State RI Zip 02919
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Street Address City Johnston State RI Zip 02919	Director Name Street Address City Johnston State RI Zip 02919
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares **2,000** Class/Series **NO** Par Value **NO**

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

ISSUED SHARES
Number of Shares **2000** Class/Series **NO** Par Value **NO**

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
DEC 18 12 30 PM '03

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



* 1 0 8 5 4 2 *

FILED

File Date: _____

DEC 18 2003

Check No.: _____

By: **BWM/4638 GAM**

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.

Karen A Casale 3/25/03
Signature of Officer Date

Karen A Casale
Print or Type Name of Officer

Title of Officer
5



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. **108542** 2. Name of Corporation **Casale Auto Sales & Auto Body, Inc.**
3. Street Address Principal Business Office **2741 Hartford Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **934-3338** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island **To conduct auto sales and auto body repair/reconditioning and all things necessary and advisable for which corps. may be lawfully organized.**

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

President Name Karen Casale	Vice President Name same
Street Address 2741 Hartford Avenue	Street Address
City Johnston State RI Zip 02919	City State Zip
Secretary Name same	Treasurer Name same
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	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)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
2000 COMMON NO PAR

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



* 1 0 8 5 4 2 *

File Date: 3.12.02
Check No.: 1395
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: Karen Casale] 2/22/02
Signature of Officer Date
Karen Casale
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. **108542** 2. Name of Corporation **Casale Auto Sales & Auto Body, Inc.**

3. Street Address Principal Business Office **2741 Hartford Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. **934-3338** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **80**

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

Motorized vehicle sales and repair.

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

President Name Karen Casale Street Address 330 Seven Mile Road City State Zip Hope RI 02831	Vice President Name Karen Casale Street Address 330 Seven Mile Road City State Zip Hope RI 02831
Secretary Name Karen Casale Street Address 330 Seven Mile Road City State Zip Hope RI 03831	Treasurer Name Karen Casale Street Address 330 Seven Mile Road City State Zip Hope RI 02831

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

Director Name Street Address City State Zip	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
2,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
2,000 common no par value

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



* 1 0 8 5 4 2 *

File Date: _____

Check No.: **MAR 1 2001**

By: **3-17-01/1332**

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.

Karen A Casale 2/16/01
Signature of Officer Date

Karen Casale
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. 108542
 2. Name of Corporation Casale Auto Sales & Auto Body, Inc.
 3. Street Address Principal Business Office 2741 Hartford Avenue
 City Johnston State RI Zip 02919
 4. Business Phone No. 934-3338
 5. State of Incorporation RHODE ISLAND
 6. SIC Code
 7. Brief Description of the Character of Business Conducted in Rhode Island
 Motorized vehicle sales and repair.

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

President Name			Vice President Name		
Karen Casale			Karen Casale		
Street Address			Street Address		
330 Seven Mile Road			330 Seven Mile Road		
City	State	Zip	City	State	Zip
Hope	RI	02831	Hope	RI	02831
Secretary Name			Treasurer Name		
Karen Casale			Karen Casale		
Street Address			Street Address		
330 Seven Mile Road			330 Seven Mile Road		
City	State	Zip	City	State	Zip
Hope	RI	02831	Hope	RI	02831

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

Director Name			Director Name		
Street Address			Street Address		
City			City		
State	Zip	State	Zip	State	Zip
RI	02831	RI	02831	RI	02831
Director Name			Director Name		
Street Address			Street Address		
City			City		
State	Zip	State	Zip	State	Zip
RI	02831	RI	02831	RI	02831

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
2,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
2,000	Common	No par value

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

File Date: 4/5/00
 Check No.: 1079
 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] 3/24/00
 Signature of Officer Date
 Karen Casale
 Print or Type Name of Officer
President
 Title of Officer