

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

Matthew A. Brown. Secretary of State

FOR SECRETARY OF STATE USE ONLY

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

MOLLL CONTONALION AMMOUNT REFURE FUR LOP TEAR	PROFIT	CORPORATION ANNU	JAL REPORT FOR THE YEAR
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2005 Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) L. Corporate ID No. 2. Name of Corporation 39447 ALDO'S MOPEDS, INC. 3. Street Address Principal Business Office State 130 Chapel Street Block Island RI 02807 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 466-5018 **RHODE ISLAND** 8813 7. Brief Description of the Character of Business Conducted in Rhode Island MOPED AND OTHER VEHICLE RENTALS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name John Leone Lori Leone Street Address Street Address 130 Chapel Street 130 Chapel Street State Block Island Block Island 02807 Secretary Name Treasurer Name Kelly A. Leone Jason A. A. Leone Street Address Street Address 130 Chapel Street 130 Chapel Street State Block Island RI 02807 Block Island 02807 RI 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS NONE Since Address Street Address City State Zip Ζip City State Director Name Director Name Sinvi Address Street Address State Zip City State Z.(p 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 1,000 COMM NO PAR VALUE 100 common no 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 that all statements contained herein are true and correct. FILED File Date MAR 1 7 2005 Name of Officer President



Director Name

Street Address

AUTHORIZED SHARES

Number of Shares

1,000 COMM NO PAR VALUE

City

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ____

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

2004

Matthew A. Brown, Secretary of State

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Согрогие и) во.	2 Nume of Corpor	1011			
39447	447 ALDO'S MOPEDS, INC.				
3. Street Address Principal Business 130 Chapel Str	office eet		Block Island	State RI	^{Zip} 02807
4 Business Phone No.		5. State of Incorporatio	n		6. SIC Code
(401) 466-501	.8	RHODE ISLAN	ID.		8813
7. Brief Description of the Chamcic MOPED AND OTHER	er of Business Conducted VEHICLE RENTALS	d in Rhode Island S			
8. NAMES AND ADDRESSE President Name	ES OF THE OFFIC	ERS: ("X" BOX FOR AT	Vice President Name	CES BEFORE USI	NG ATTACHMENTS
John Leone			Lori Leone		
Sirect Address 130 Chapel Str	reet		Sircei Address 130 Chapel Str	eet	
Block Island	State RI	2 <i>ip</i> 02807	Gity Block Island	State RI	7 <i>ip</i> 02807
Secretary Name Kelly A. Leone	····	·····	Treasurer Name Jason A. A. L	eone	
Street Address 130 Chapel Str	eet		Street Address 130 Chapel St	reet	
Block Island	State RI	21p 02807	City Block Island	State RI	02807
9. NAMES AND ADDRESSE	S OF THE DIREC	TORS: ("X" BOX FOR	ATTACHMENT) [] FILL IN S	PACES BEFORE U	SING ATTACHMENTS
Director Name NONE			Director Name		
Street Address			Street Address	-	
City	France	7/4	· - i	I come	724

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

Director Name

Street Address

ISSUED SHARES

Number of Shares

100

City

File Date	1-21-04
Check No.	2914
Ву:	
F	FOR SECRETARY OF STATE USE ONLY

State

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

Class/Series

Ζip

Par Value

Under penalty of perjury, I declare and affirm that I have including any accompanying schedules and statements, contained herein are true and convex.	
Jui Leme	1-16-04
Signature of Officer	Date
John Leone	
Print or Type Name of Officer President Und President	
Title of Officer	

State

Class/Series

common

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

Zip

Par Value

no par value

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

03	STOP PLEASE READ INSTRUCTIONS
	Zip 02807 6. SIC Cade 8813
СНМЕ	N13
	zip 02807
TACHM	^{Zip} 02807 IENTS
	Zip
N7)	Zip
	Par Value
	no par value

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 39447 ALDO'S MOPEDS, INC. 3. Street Address Principal Business Office Block Island RI 130 Chapel Street 4. Business Phone No. 5. State of Incorporation 466-5018 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island Moped and other vehicle rentals 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTA President Name John Leone Vice President Name Lori Leone Street Address Chapel Street Street Address 130 Chapel Street Block Island 02807 Block Island RI Secretary Name Kelly A. Leone Treasurer Name Jason A. A. Leone Street Addless Chapel Street Street Address 130 Chapel Street State RI Zip 02807 Block Island Block Island RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING AT Director Name NONE Street Address Street Address City State City Director Name Director Name Street Address Street Address City State City State 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMEN

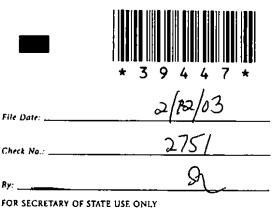
This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ISSUED SHARES

100

Number of Shares

5 5



Class/Series

Par Value

AUTHORIZED SHARPS

1,000 COMM NO PAR VALUE

Number of Shares

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 begin are true and correct John Leone Print or Type Name of Officer President Title of Officer

Form 630 12/02

Class/Series

common

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 2002

STOP PLEASE READ INSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 39447 ALDO'S MOPEDS, INC. 3. Street Address Principal Business Office City State 210 130 Chapel Street 02807 Block Island RI 4 Business Phane No. 5. State of Incorporation 6. SIC Code 8813 (401) 466-5018 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island Moped and other vehicle rentals 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** Vice President Name President Name Lori Leone Lori Leone Street Address Street Address 130 Chapel Street 130 Chapel Street Chy Block Island 02807 Block Island 02807 Secretary Name Treasurer Name Lori Leone Lori Leone Street Address Street Address Same as above Same as above City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE Street Address Street Address City Zip City Zip State Director Name Street Address Street Address State Zio City State 210 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Class/Serles Par Value Number of Shares Class/Series Par Value 1,000 COMM NO PAR VALUE 100 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:	1-29-02	
Check No.:	2565	
Ry:	2.	
	OF STATE LICE ONLY	

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

Signature of Officer Date

Lori Leone

Print or Type Name of Officer

President

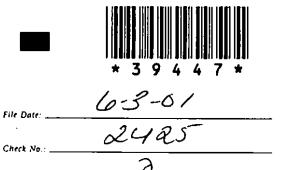
Title of Officer

Farm 630 12/01

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

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. 2. Name of Corporation ALDO'S MOPEDS, INC. 39447 3. Street Address Principal Business Office City State Zio 02807 130 Chapel Street Block Island 4. Business Phone No. 5. State of Incorporation RHODE ISLAND (401)466-5018 7. Brief Description of the Character of Business Conducted in Rhode Island Moped and other vehicle rentals 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Lori Leone Lori Leone Street Address Street Address 130 Chapel Street 130 Chapel Street City State 7.1p City 02807 RI 02807 Block Island RI Block Island Treasurer Name Secretary Name Lori Leone Lori Leane Street Address Street Address same as above same as above City State Zip Cin 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE Street Address Street Address City ZIp Zip Director Name Director Name Street Address Street Address City ZIP City State Zio 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Car Value Number of Shares Class/Series Par Value 1000 NO PAR COM no par value 100 common

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



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 type and correct.

September of Officer

LORI LEONE Print or Type Name of Officer

President



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 2000

STOP PITAM READ INMERCEITONS

rung	Perioa:	January	I-March I	•	Filing	Fee:	\$50.00	

FORM MUST BE TYPED IN BLACK	J	
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1. Corporate ID No.

2. Name of Corporation

ALDO'S MOPEDS, INC.

3. Street Address Principal Business Office

City

State

FILL IN SPACES BEFORE USING ATTACHMENTS

Zip

130 Chapel Street

Block Island

RI

02807

5. State of incorporation

6. SIC Code

(401) 466-5018

RHODE ISLAND

8813

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

Moped and other vehicle rentals

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

Lori Leone

Lori Leone Street Address

130 Chapel Street

Zip

Street Address

City

130 Chapel Street

Zip

Block Island

RI

02807

Block Island

02807

Secretary Name

Treasurer Name

RI

Lori Leone

Street Address

Lori Leone

Street Address

same as above

same as above

State

Zip

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

Director Name

City

City

City

City

None

Street Address

Street Address

State

ZIp

City

State

Zip

Director Name

Director Name Street Address

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

State

Par Value

ZIp

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

Class/Series

Par Value

1000 NO PAR COM

Number of Shares 100

common

no par value

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



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

Lori Leone

Print or Type Name of Officer

President





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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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PLUAS	E READ TOTIONS
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(FORM MUST BE TYPED IN BLACK	;)					
1. Corporate ID No. 39447	2. Name of Corporation ALDO'S MOPE	DS, INC.				
3. Street Address Principal Business Of	fice		City	State	Zip	
130 Chapel Street	*****		Block Island	RI	02807	
4. Business Phone No.		S. State of Incorporation RHODE ISLAND	· · · · · · · · · · · · · · · · · · ·		6. SIC Code 8813	
(401) 466-5018 7. Brief Description of the Character of	Business Conducted in Rho	1	· · · · · · · · · · · · · · · · · · ·		0010	
Moped and other v						
8. NAMES AND ADDRESSE	S OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) [FILL IN SPACES BEF	ORE USING ATTACHME	INTS	
President Name	• , .		Vice President Name			
Lori Leone			Lori Leone			
Street Address			Street Address			
130 Chapel Street	,	· r	130 Chapel Stre	et'		
City	State	Zip	City	State	Zip	
Block Island Secretary Name	RI	02807	Block Island	RI	02807	
Lori Leone			Treasurer Name Lori Leone			
Street Address			: Street Address			
130 Chapel Street			130 Chapel Street			
City	State	Zip	City	State	Zip	
Block Island	RI	02807	Block Island	RI	02807	
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS						
Director Name			Director Name	· · · · · · · · · · · · · · · · · · ·		
NONE			<u>:</u>			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name	ļ			<u> </u>		
Director Name			Director Name			
Street Address			: Street Address			
1			•			
City	State	Zip	City	State	Zip	
	<u> </u>		<u>:</u>	,		
10. SHARES AUTHORIZED	(*X * BOX FOR ATTACH	MENT)	11. SHARES ISSUED (*X* 8	OX FOR ATTACHMENT)		
AUTHORIZED SHARES			ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1000 NO PAR COM			100	common	no par value	
		·				
 			<u> </u>	1		
This report must be signed	l in ink by either	the President, Vice P	resident, Secretary, Assistar	it Secretary, Treasurer,	Receiver or Trustee	
	18111 STB11 BIBIT 1881 I			• · · · •		

* 3 9 4 4 7 *	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
File Date:	that all statements comained herein are true and correct.
1 1000	Jul 2007 2-99
Check No.:	Signature of Officer Date Lori Leone
$()_{\alpha}$	
Ву:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President
The production of the total of the total	Title of Officer



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 (FORM MUST BE TYPED IN BLACK)

2. Name of Corporation

1. Corporate ID No.

City

AUTHORIZED SHARES

1000 NO PAR COM

Number of Shares

39447 3. Street Address Principal Business Of	Tice ALDO'S MOPED	s, INC.	City	State	Zip
130 Chapel Street	:	6 6 6 6	Block Island	RI	02807 6. SIC Code
4. Business Phone No.		5. State of Incorporation			V. V.G COM.
(401) 466-5018 7. Brief Description of the Character of	· F Business Conducted in Rhod	, RHODE ISLAND			8813.
Moped and other v	menicie rentais	•			
8. NAMES AND ADDRESSE President Name	ES OF THE OFFICER	S ("X" BOX FOR ATTACHM	ENT) Vice President Name		
Lori Leone			Lori Leone		
Street Address			Street Address		
130 Chapel Street	- State	Zip	130 Chapel Street	State	Zip
Block Island Secretary Name	RI	02807	Block Island Treasurer Name	RI .	02807
Lori Leone			Lori Leone		
Street Address			same as above		
same as above	State	Zip	City	State	Zip
9. NAMES AND ADDRESS	ES OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT)		
Director Name			Director Name		
NONE Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		

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

City

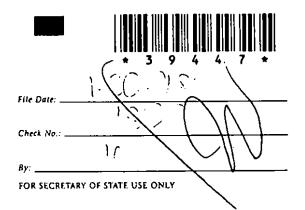
ESSUED SHARES

Number of Shares

100

Zip

Par Value



State

Class/Serles

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

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.

Zip

Par Value

no par value

Signature of Officer Lori Leone

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

Class/Serles

common

Print or Type Name of Officer

President



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

PROFIT CORPORATION ANNUAL REPORT 1997

·iiing	Perioa: j	January .	I-March 1	•	Filing	Fee:	\$50.00
		. 					

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

39447

ALDO'S MOPEDS, INC.

3. Street Address Principal Business Office - City 130 Chapel Street Block Island RI 02807 4. Business Phone No. 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 8813 (401) 466-50187. Brief Description of the Character of Business Conducted in Rhode Island Moped and other vehicle rentals 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Lori Leone Lori Leone Street Address Street Address 130 Chapel Street 130 Chapel Street City Zip City Block Island RI 02807 Block Island RI 02807 Secretary Name Treasurer Name Lori Leone Lori Leone Street Address Street Address Same as above Same as above City City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name NONE Street Address Street Address City State Zip City State Zip Director Name Director Name Street Address Street Address City State City State Zip 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

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

ISSUED SHARES

Number of Shares

100



Class/Series

AUTTHORIZED SHARES

1000 NO PAR COM

Number of Shares

FOR SECRETARY OF STATE USE ONLY



Par Value

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

Class/Series

common

Par Value

no par value

Lori Leone

Print or Type Name of Officer

<u>President</u> Title of Officer

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

PORATE ID NO.	2. NAME OF CORPORAT		PRINT IN BLACK INK.		
39447	ALD	D'S MOPEDS, INC.			
ET ADDRÉSS PRINCIPAL BUSI	:		Tally	STATE	. 100 € COOE
130 Chapel	Street		Block Island	RI	02807
NESS PHONE NO.		5. STATE OF INCORPORATION	 		8. SvC color
(401) 466-5		RHODE IS	SLAND		8813
	other vehicle				
ENT HAME	81	IAMES AND ADDR	ESSES OF THE OFF	FICERS	
Lori Leone			Lori Leone		
ADDRESS			STREET ADORESS		······································
130 Chapel	Street		<u> </u>		
		χρ· (300€	any	STATE	ZIP CODE
Block Islam	nd RI	02807	TREASURER NAME		
Lori Leone			Lori Leone		
ADORLSS		· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	
Same as Abo	ove		'Same as Above		
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WONE			OPRECTOR NAME	LECTORS	
WONE			OPRECTOR NAME	I E C T O R S	23P 0000€
NONE	9. (AMES AND ADDR	STREET ADDRESS		ΣIP COOE
WONE	9. (AMES AND ADDR	STREET ADDRESS		Συρ δοσε
NONE ADRESS THE PROPERTY OF	9. (AMES AND ADDR	STREET ADDRESS OTY DIRECTOR NAME		ZIP COOE
NONE	9. (AMES AND ADDR	STREET ADDRESS		∑DP COO€
NONE ADRESS THE PROPERTY OF	9. (I A M E S A N D A D D R	STREET ADDRESS OTY DIRECTOR NAME STREET ADDRESS	STATE	
ADDRESS OR HAME ADDRESS	STATE	AMES AND ADDR	STREET ADDRESS OTY DIRECTOR NAME		Συν COOE Συν COOE
ADDRESS OR HAME ADDRESS	STATE STATE	ZP COD€	STREET ADDRESS OTY DIRECTOR NAME STREET ADDRESS	STATE	
ADDRESS OR HAME ADDRESS	STATE STATE	ZP CODE	STREET ADDRESS OTY DIRECTOR NAME STREET ADDRESS	STATE	
ADDRESS OR HAME ADDRESS	STATE STATE	ZP CODE	STREET ADDRESS OTY DIRECTOR NAME STREET ADDRESS	STATE	
ADDRESS OR HAME ADDRESS MUMBER OF SHARES	STATE STATE 1 0 AUTHORIZED SHARE CLASS/SERIES	ZP CODE	STREET ADDRESS OTY DIRECTOR NAME STREET ADDRESS OTY I Z E D A N D I S S U E D IAMASER OF SHARES	STATE STATE STATE ISSUED SHARES CLASS/SERIES	ŽIP ČODE PAR VALUE
ADDRESS OR HAME ADDRESS MUMBER OF SHARES	STATE STATE 1 0 . AUTHORIZED SHARE	ZP CODE	STREET ADDRESS CITY DIRECTOR NAME STREET ADDRESS CITY I Z E D A N D I S S U E D	STATE STATE ISSUED SHARES	ŽIP ČODE PAR VALUE
ADDRESS OR HAME ADDRESS MUMBER OF SHARES	STATE STATE 1 0 AUTHORIZED SHARE CLASS/SERIES	ZP CODE	STREET ADDRESS OTY DIRECTOR NAME STREET ADDRESS OTY I Z E D A N D I S S U E D IAMASER OF SHARES	STATE STATE STATE ISSUED SHARES CLASS/SERIES	ŽIP ČODE PAR VALUE
ADDRESS OR HAME ADDRESS MUMBER OF SHARES	STATE STATE 1 0 AUTHORIZED SHARE CLASS/SERIES	ZP CODE	STREET ADDRESS OTY DIRECTOR NAME STREET ADDRESS OTY I Z E D A N D I S S U E D IAMASER OF SHARES	STATE STATE STATE ISSUED SHARES CLASS/SERIES	ŽIP ČODE PAR VALUE
ADDRESS OR HAME ADDRESS MUMBER OF SHARES	STATE STATE 1 0 AUTHORIZED SHARE CLASS/SERIES	ZP CODE	STREET ADDRESS OTY DIRECTOR NAME STREET ADDRESS OTY I Z E D A N D I S S U E D IAMASER OF SHARES	STATE STATE STATE ISSUED SHARES CLASS/SERIES	<i>Σ</i> Φ 600€

2/21/96 1424 CS / UP File Date: Check No: 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 Office Lori Leone

Print or Type Name of Officer

_President

Title of Officer Date

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 Pee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: Q039	3447	Annual Report for the	vear: 1995	
Name of Corporation:	ALDO'S MOPEDS, INC.		, , , , , , , , , , , , , , , , , , ,	
Business entity organized under For foreign entity, address and	r the laws of the State of: Rhode Island telephone number of principal office:	[X] Business Corp	check one): oration (See RIGL Chapter 7-1 ervice Corporation (See RIGL (.1)
Phone: ()			he character of business conduction ther vehicle rental	
Address and telephone of the p Island (Provide street address - 130_Chape1_Sti	rincipal office of business entity in Rhode Not P.O. Box): reet			······································
Phone: (401) 466-50				
	THE NAMES OF	THE OFFICERS ARE:		
PRESIDENT	STREET A		CITY/STATE	ZIPCODE
Lori Leone	130 Chapel St	reet, Block Islar		
Lori Leone	Same as Above	DUKESS	CITY/STATE	ZIP CODE
SLCRETARY	STREET A	DDRESS	CHY/STATE	ZIP CODE
Lori Leone	Same as Above			
Lori Leone	STREET A	DDRESS	CITY/STATE	ZIP CODE
DOIT REONE	Same as Above	HE DIRECTORS ARE		- .
NAME	STREET A		CITY/STATE	Z19 CODE
NONE				
Whit	STREET A	DDRESS	CITY/STATE	ZIP CODE
NAME	STREET A	DDRESS	CITY/STATE	ZIP CODE
NUMBER OF SHARES AUTHO	DRIZED (Rider may be attached)	NUMBER OF SHARES	ISSUED AND OUTSTANDING (I	Rider may be attached)
Number of Shares	Class / Series	Number of Shares	Class / Series	
1000	Common, Without Par Value	100	Common, Without	Par Value
DateJanuary	2 19 95 By:	M Llo	<u> </u>	
Form 31 1/95	PRINTOR TITLE OF	TYEE NAME OF OFFICER SIGNING SIDENT OFFICER SIGNING		<u> </u>
	DESIGNATED REGISTERED AC		OF PROCESS:	
DI U ACU NOTE ACA		CD	OI INCOMO.	

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

REVENS, BLANDING, ST. PIERRE 946 CENTERVILLE ROAD WARWICK RI 02886 JAN 27 1995 By 72 14 (1) Filing Pe# \$50 00 Payable to: Secretary of State

PLEASE TYPE or PRINT

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

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

Corporate ID: 6392			for the year:1994	
Name of Business Entity		ALDO'5	MOPEDS, INC. — ·	.,-
Business entity organized under the laws of the State ofRicocl	e Island '	Business E	atity is (check one):	
			Business Corporation (See RIGL Chapter 7	
Federal Taxpayer Identification Number			Professional Service Corporation (See RIGI Limited Liability Company (See RIGL 7-10	
For foreign entity, address and telephone number of principal offic	e:	, ,	and mailing address of contact person to wh	
			ntions may be directed.	
			, Lanni, Revens & St. Pierr	<u>e</u>
	 ;		nterville Road	
Phone. ()		Warwic	k, RI 02836	·
Address and telephone of the principal office of business entity in	R)rode		· - ·· · · · · · · · · · · · · · · · · 	·
Island (Provide street address - Not P O. Box): 130 Chapel Street			ment of the character of business conducted in and other vehicle rentals	n Rhode Island:
Block Island, RI 02807			<u>.</u>	
		Date of Or	gunization: 7/16/86	
Pitone (401) 466-5013		Date of Qu	alification to do business in Rhode Island (if	foreign entity):
	A NACO AL TIL	F OPPIOED	CADE.	
☐ contracted into oracles on ★ susained respons	AMES OF THE STRUCT ADDR	E OFFICER USS	SARE:	APCOU.
Lori Leone la company de la	30 Chapel S	Street, B	lock Island, RI 02807	де совя
Lori Leone S CUSTOD AS OF RECORDS OF X SECRETARY (Chick Own)	RODATION 28 SING		CHYATAIL	žir cons
	Same as Abov			4
TOTAL PROPERTY OF THE ASSESSMENT OF THE ASSESSME	HOUR TEIRES		CITY/STATE	ZIP COOL
	Same as Abov		US ARE	·
TANK	STREET ADDR		CITYSTATE	ZJP CODE
NOVE	STR: 17 ADDR	erss .	CHARTALE	ZIP CODE
NAMI.	STRUET ADDR	.(35	CITYSTATE	AIN COOP
NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF	SHARES ISSUED AND OUTSTANDING	(If Applicable)
NUMBER 1000		NUMBER	100	
CLASS Common		CLASS	Common	
SERIES	!	SERIES		
PAR VALUE OR WITHOUT PAR Without Par Value		PAR VALUE	AR Without Par Value	
January 3 94	ALIX)	15 MOPEUS	y ^{I.K.} . SLOCE	
	Iori Le	CONC.	i e vičniw:	
MES 2.4 July	Presido	ent		
Com 1138_	amilios oci	TELR SIGNING		
	O OR RESIDE	NT AGENT	FOR SERVICE OF PROCESS:	

Form 31 1/85

To be filed annually between

January 1st and March 1st

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State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	4.4.7	Annual Report for the y	ear 1993
FIRST: The name of the	corporation is	ALDO:S.MOPEDS,INC	· <u> </u>
Second: It is incorpora	ited under the laws of	Rhode Island	
THIRD: Character of bu	siness, briefly stated, is MOI	ped and other vehicl	e rentals
FOURTH: If foreign corp	poration, address of its princ	ripal office	
Fifth: Business address	s in Rhode Island 946 Ce	enterville Road Warw	ick, RI 02886
SIXTH: Names and add	resses of its directors and of	ficers: Address (including numl	(Attach rider if necessary) per, street, zip code)
	Director		······
	Director		
	Director		
		130 Chapel Street	
Maria Leone	President	Block Island, RI	•••••••••••••••••••••••••••••••••••••••
Lori Leone	Vice President	Same as above	
Maria Leonc	Secretary	Same as above	•••••
Lori Leono	Treasurer	Same as above	•••••
SEVENTH: Number of S	hares authorized:		Par Value or statement that shares are without
No. of Shares 1000	class Common	Series	par value No par value
		PAID	
Eіднтн: Number of Sh	ares issued:	MAR 0 2 1993	Par Value or statement that
No. of Shares 100	Class Common	SEGIN OF STATE	shares are without par value No par value
Dated January 4,	(Nan	LDO 'S MOPEDS, INC.	0. 0
	Ву	AARIA LEONE	
(Report must be signed		President	

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID	39447	Annual Report for the year.	1555
FIRST: The name of the	corporation is	ALDO'S MOREDS, INC	
Second: It is incorpora	ited under the laws of	Rhode Island	
THIRD: Character of bu	siness, briefly stated, is	moped and other vehi	cle rentals
FOURTH: If foreign corp	poration, address of its	principal office	
FIFTH: Business address	s in Rhode Island		
		Warwick, RI 02886	
SIXTH: Names and add	resses of its directors an	nd officers: Address (including number, st	(Attach rider if necessary) reet, zip code)
	Director		
	Director		
	Director	120 05 - 1 044	
Maria Leone	President	130 Chapel Street Block Island, RI	
Cori Leone	Vice Presi	130 Chapel Street	
Maria Leone		130 Chapel Street	
	·	130 Chapel Street	
Lori Leone	Treasurer	Block Island, RI	
SEVENTH: Number of S	Shares authorized:	PAID EB 1 4 1992 Series EC'Y OF STATE	Par Value or statement that
No. of Shares	Class	1892 ^{Series}	shares are without par value
1000	Common	ER 1 4 MARIE	No par value
	SE	ECY OF STATE	
EіGHTH: Number of Sh			Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100	Common		No par value
Dated January 6,	19 92	ALDO'S MOPEDS, INC.	
		_(Name of Corporation)	<u>-</u>
(Report must be signe	d by an officer)	MARIA LEONE Title President	

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	0039447	••••••	Annual Report for the year	1991
First:	The name of the corpora	ation is	ALDO'S MOPEDS, INC.	
Second	: It is incorporated und	er the laws of	Rhode Island	
THIRD:	Character of business, b	oriefly stated, is	moped and other vehicle re	entals
Fourth	: If foreign corporation	, address of its pr	incipal office	
Fіғгн:	Business address in Rho	de Island		
		•••••	Warwick, RI 02886	••••••
Ѕіхтн:	Names and addresses of	its directors and	officers: Address (including number, s	(Attach rider if necessary)
		Director		
***************************************		Director		•••••
		Director	130 Chapel Street	······
John Leone	•••••	President	Block Island, RI 02807 130 Chapel Street	
Lori Leone		Vice Preside	nt Block Island, RI 02807	•••••
John Leone		Secretary	130 Chapel Street Block Island, RI 02807	••••••
Lori Leone		Treasurer	130 Chapel Street Block Island, RI 02807	
Seventi	H: Number of Shares as			Par Value
No. of Sh		lass	Series P.C.	or statement that shares are without par value
1000		nmon	350 1902	None
Еіднтн:	Number of Shares issu	ıed:	Series PAJO ALLY 08 1991 SECY OF STATE	Par Value or statement that
No. of Sh	iares C	lass	Series	shares are without par value
100	Co	mmon		None
Dated	January 7,		ALDO'S MOPEDS, INC. Name of Corporation)	
(R	eport must be signed by an o	_	JOAN LEONE itle President	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE RHODE ISLAND 02903

AT

Corporate ID 0039447			Annual Re	port for the	e year!	990		
FIRST: The name of the o	corporation is	ALD0)'S MORE	DS, INC	•••••••		•••••	
Second: It is incorporate	ed under the laws of	lhode	Island	•••••				
THIRD: Character of busin				her veh	icle r	centals		
FOURTH: If foreign corpo	oration, address of its pri	ncipal	office				•••••	
FIFTH: Business address i	n Rhode Island 946 C	Cente	rville R	oad, Wa	rwick	, RI 0288	36	
Name	sses of its directors and office	officers		ress (including n		Attach rider if , zip code)	necessary)	
	Director							
	President	130	Chapel	Street,	Bloc	k Island,	, RI 02	280
ori Leone	Vice Presider	nt		n				"
ohn Leone	Secretary							"
ori Leone	Treasurer		11					11
SEVENTH: Number of Sha	ares authorized:		Series			Par Value or statement that shares are without par value		
1000	Common			PAID		No par	value	
Еіднтн: Number of Shai	res issued:		į	MR 15 5		Par Value or statement that		
No of Shares	Class		Series TO	ne or p		shares are without par value		
100	Common					No par	value	
Dated January 2		lame of <u>C</u>	S MOPEDS	s, inc.	\(\frac{\chi}{\chi}\)) Jeorl		
(Report must be signed t	oy an officer) Ti	itle	<u>Presider</u>	1t		*****		

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

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

Corporate ID	39447		Annual R	eport for the	year	1989		
FIRST: The name	of the corporation isA	LDO'S M	OPEDS, I	NC.	•••••••	•••••••••••	•••••••••••••••••••••••••••••••••••••••	
SECOND: It is inc	orporated under the laws of	Rhode	Island	•••••	•	••••••••••••••••••	•••••••••••••	
THIRD: Character	of business, briefly stated,	is mope	d and ot	her vehic	cle ren	tals	••••••	
FOURTH: If foreig	n corporation, address of it	s principal	office	n/a		••••••	•••••••••••••••••••••••••••••••••••••••	
Fifth: Business a	ddress in Rhode Island9	46 Cente	erville	Road, War	wick,	RI 02	886	
Name	d addresses of its directors a			dress (including num			if necessary)	
	Director Director	••••••	***************************************	······································	•••••••••••	······································	•••••••••••••••••••••••••••••••••••••••	
	Director Director	•••••	••••••••	••••••••••	• • • • • • • • • • • • • • • • • • • •	••••••••••••	•••••••••••••••••••••••	
	President	130	Chapel	Street, E	Block T	sland		807
	Vice Pres			•	••••••	*****	*****	"
	Secretary			м				11
Lori Leone	·		11			11		"
	er of Shares authorized:		Series PAI	D	or sta shares	ar Value tement that are withou ar value		
1000	Common			1989	No	Par V	alue	
Eібнтн: Number	of Shares issued:		SECY OF			r Value		
No. of Shares	Class		Series	The filter of the	shares	tement that are withous ar value		
100	Common				No	Par V	alue	
Dated January 3	19 89	ALDO 1	S MOPEDS	, INC.)	
(Report must be	e signed by an officer)	Byp:	resident	Joh	N K	<i>5.</i> 2	eore	

Form 31 1/85

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

Corporate ID39	447	Annual Report for the	year 1988
First: The name	of the corporation is	ALUQ'S MUREDS, INC	
		Shode	
THIRD: Character	r of business, briefly stated, is	moped and other vehic	le rentals
FOURTH: If foreign	gn corporation, address of its	principal office	
Fifth: Business a	ddress in Rhode Island	946 Centerville Ro	ad
		Warwick, RI 02886	
SIXTH: Names an	d addresses of its directors an	d officers: Address (including num	(Attach rider if necessary) ber, street, zip code)
	Director		
	Director		
John Janes	Director	130 Chapel Street Block Island, RI	······································
T =	President		
John Leone	Vice Presid	Same as above	
Lori Leone	Secretary	Same as above	
	er of Shares authorized:	Dunc as above	Par Value or statement that
No. of Shares	Class	Series Series	shares are without par valua
1000	Common	ENTEREDAUG .	4 1988
Еіднтн: Number	of Shares issued:	CALL	'.) Par Value or statement that
No. of Shares	Class	TEBer 2 1988	shares are without par value
100	Common	provide STAFE	No par value
Dated January	y5 1988	ALDO'S MOPEDS, INC	l. mag
(Report must b	e signed by an officer)	By President Title	V 3V &

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID39447			Annual Report for the year 1987	
First: The name	e of the corporation i	s ALDO	'S MOPEDS, INC.	
SECOND: It is inc	corporated under the			
THIRD: Characte	er of business, briefly			hicle rentals
		ess of its pr	rincipal officeN/A	
				ad
•••••••••••••••••••••••••••••••••••••••		• • • • • • • • • • • • • • • • • • • •	Warwick,RI02886	
SIXTH: Names as	nd addresses of its dir	ectors and Offiœ	Address (including number, street, zip code)	
	D	irector		
	D	Pirector		••••••
	D	Pirector	•••••••••••••••••••••••••••••••••••••••	
John Leone		President 130 Chapel Street, Block Island, RI		
Lori Leone	V	ice Preside	nt 130 Chapel Street	, Block Island, RI
John Leone	S	ecretary	130 Chapel Street	, Block Island, RI
Lori Leone	Т	reasurer	130 Chapel Street	, Block Island, RI
SEVENTH: Numb	er of Shares authoriz	ed:	APR 23 159	Par Value or statement that
No. of Shares	Class		Series Series	shares are without par value
1000	Common		(No par value
Eighth: Numbe	r of Shares issued:	04/01/87		Par Value or statement that
No. of Shares	Class		Series	shares are without par value
100	Common	PAID		No par value
Dated January 2	<u>19 87.</u>	AMRE CHEK 0123A001	LDO'S MOPEDS, INC, Name of Corporation) By John R	Leone
(Report must b	be signed by an officer)	15.00	itle V President	