



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 39447		2. Name of Corporation ALDO'S MOPEDS, INC.			
3. Street Address Principal Business Office 130 Chapel Street			City Block Island	State RI	Zip 02807
4. Business Phone No. (401) 466-5018		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Leone			Vice President Name Lori Leone		
Street Address 130 Chapel Street			Street Address 130 Chapel Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Kelly A. Leone			Treasurer Name Jason A. A. Leone		
Street Address 130 Chapel Street			Street Address 130 Chapel Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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					
Number of Shares		Class/Series	Par Value		
1,000 COMM NO PAR VALUE					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares		Class/Series	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



39447

File Date	FILED
Check No.	MAR 17 2005
By	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 **3/17/05**
Print or Type Name of Officer **John Leone**
President
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 39447		2. Name of Corporation ALDO'S MOPEDS, INC.			
3. Street Address Principal Business Office 130 Chapel Street			City Block Island	State RI	Zip 02807
4. Business Phone No. (401) 466-5018		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Leone			Vice President Name Lori Leone		
Street Address 130 Chapel Street			Street Address 130 Chapel Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Kelly A. Leone			Treasurer Name Jason A. A. Leone		
Street Address 130 Chapel Street			Street Address 130 Chapel Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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
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



* 3 9 4 4 7 *

File Date	1-21-04
Check No.	2914
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 Officer
John Leone
Date
1-16-04
Print or Type Name of Officer
President
Title of Officer
Vice President



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.

39447

2. Name of Corporation

ALDO'S MOPEDS, INC.

3. Street Address Principal Business Office

130 Chapel Street

City

Block Island

State

RI

Zip

02807

4. Business Phone No.

466-5018

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Vice President Name

Lori Leone

Street Address

130 Chapel Street

Street Address

130 Chapel Street

City

Block Island

State RI

Zip 02807

City

Block Island

State

RI

Zip

02807

Secretary Name

Kelly A. Leone

Treasurer Name

Jason A. A. Leone

Street Address

130 Chapel Street

Street Address

130 Chapel Street

City

Block Island

State RI

Zip 02807

City

Block Island

State

RI

Zip

02807

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

NONE

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

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 3 9 4 4 7 *

File Date: 2/12/03

Check No.: 2751

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

John Leone

Date

2/15/03

Print or Type Name of Officer

President

Title of Officer

5



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **39447** 2. Name of Corporation **ALDO'S MOPEDS, INC.**

3. Street Address Principal Business Office
130 Chapel Street

City **Block Island** State **RI** Zip **02807**

4. Business Phone No. **(401) 466-5018** 5. State of Incorporation **RHODE ISLAND**

6. SIC Code **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
Lori Leone

Vice President Name
Lori Leone

Street Address
130 Chapel Street

Street Address
130 Chapel Street

City **Block Island** State **RI** Zip **02807**

City **Block Island** State **RI** Zip **02807**

Secretary Name
Lori Leone

Treasurer Name
Lori Leone

Street Address
Same as above

Street Address
Same as above

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
NONE

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
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	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



* 3 9 4 4 7 *

File Date: 1-29-02

Check No.: 2565

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] 1-21-02
Signature of Officer Date

Lori Leone

Print or Type Name of Officer

President

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



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. **39447** 2. Name of Corporation **ALDO'S MOPEDS, INC.**

3. Street Address Principal Business Office

130 Chapel Street

City

Block Island

State

RI

Zip

02807

4. Business Phone No.

(401) 466-5018

5. State of Incorporation

RHODE ISLAND

6. SIC Code
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

Lori Leone

Street Address

130 Chapel Street

City

Block Island

State

RI

Zip

02807

Secretary Name

Lori Leone

Street Address

same as above

City

State

Zip

Vice President Name

Lori Leone

Street Address

130 Chapel Street

City

Block Island

State

RI

Zip

02807

Treasurer Name

Lori Leone

Street Address

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

NONE

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

1000 NO PAR COM

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 3 9 4 4 7 *

File Date: **6-3-01**

Check No.: **2425**

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.

Lori Leone **5/23/01**
Signature of Officer Date

LORI LEONE

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. **39447** 2. Name of Corporation **ALDO'S MOPEDS, INC.**

3. Street Address Principal Business Office **130 Chapel Street** City **Block Island** State **RI** Zip **02807**
4. Business Phone No. **(401) 466-5018** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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	Vice President Name
Lori Leone	Lori Leone
Street Address	Street Address
130 Chapel Street	130 Chapel Street
City	City
Block Island	Block Island
State	State
RI	RI
Zip	Zip
02807	02807
Secretary Name	Treasurer Name
Lori Leone	Lori Leone
Street Address	Street Address
same as above	same as above
City	City
same as above	same as above
State	State
RI	RI
Zip	Zip
02807	02807

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	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1000 NO PAR COM

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

ISSUED SHARES

Number of Shares Class/Series 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



* 3 9 4 4 7 *

File Date: 2-16-00

Check No.: 2195

By: AMF

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.

Lori Leone 2-2-00
Signature of Officer Date

Lori Leone

Print or Type Name of Officer

President

Title 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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 39447		2. Name of Corporation ALDO'S MOPEDS, INC.			
3. Street Address Principal Business Office 130 Chapel Street		City Block Island	State RI	Zip 02807	
4. Business Phone No. (401) 466-5018		5. State of Incorporation RHODE ISLAND		6. SIC Code 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) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lori Leone		Vice President Name Lori Leone			
Street Address 130 Chapel Street		Street Address 130 Chapel Street			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name Lori Leone		Treasurer Name Lori Leone			
Street Address 130 Chapel Street		Street Address 130 Chapel Street			
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE		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 checked="" type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
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

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



File Date: **Feb 8, 1999**

Check No.: **1995**

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.

Lori Leone **2-2-99**
Signature of Officer Date

Lori Leone

Print or Type Name of Officer

President

Title 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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

39447

ALDO'S MOPEDS, INC.

3. Street Address Principal Business Office

130 Chapel Street

City

Block Island

State

RI

Zip

02807

4. Business Phone No.

(401) 466-5018

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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)

President Name

Lori Leone

Vice President Name

Lori Leone

Street Address

Street Address

130 Chapel Street

130 Chapel Street

City

State

Zip

Block Island

RI

02807

City

State

Zip

Block Island

RI

02807

Secretary Name

Treasurer Name

Lori Leone

Lori Leone

Street Address

Street Address

same as above

same as above

City

State

Zip

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

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1000 NO PAR COM

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

ISSUED SHARES

Number of Shares

Class/Series

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



* 3 9 4 4 7 *

File Date: 1-26-98

Check No.: 11

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.

Lori Leone 1-26-98
Signature of Officer Date

Lori Leone

Print or Type Name of Officer

President

Title of Officer

President



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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

39447

2. Name of Corporation

ALDO'S MOPEDS, INC.

3. Street Address Principal Business Office

130 Chapel Street

City

Block Island

State

RI

Zip

02807

4. Business Phone No.

(401) 466-5018

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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)

President Name

Lori Leone

Vice President Name

Lori Leone

Street Address

130 Chapel Street

Street Address

130 Chapel Street

City

Zip

Block Island

RI

02807

City

State

RI

Zip

02807

Secretary Name

Lori Leone

Treasurer Name

Lori Leone

Street Address

Same as above

Street Address

Same as above

City

State

Zip

City

State

Zip

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

Director Name

NONE

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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1000 NO PAR COM

ISSUED SHARES

Number of Shares

Class/Series

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



* 3 9 4 4 7 *

File Date:

3.10.97

Check No.:

1023

By:

ICP

plc

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.

Lori Leone
Signature of Officer

3/1/97
Date

Lori Leone

Print or Type Name of Officer

President

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 39447		2. NAME OF CORPORATION ALDO'S MOPEDS, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 130 Chapel Street			CITY Block Island	STATE RI	ZIP CODE 02807
4. BUSINESS PHONE NO. (401) 466-5018		5. STATE OF INCORPORATION RHODE ISLAND		6. SIC CODE 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					
PRESIDENT NAME Lori Leone			VICE PRESIDENT NAME Lori Leone		
STREET ADDRESS 130 Chapel Street			STREET ADDRESS		
CITY Block Island	STATE RI	ZIP CODE 02807	CITY	STATE	ZIP CODE
SECRETARY NAME Lori Leone			TREASURER NAME Lori Leone		
STREET ADDRESS Same as Above			STREET ADDRESS Same as Above		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME NONE			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
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

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.

File Date:

2/21/96

Check No:

1424

By:

CS / up

For Secretary of State Use Only

Signature of Officer

Lori Leone

Lori Leone

Print or Type Name of Officer

President
Title of Officer

Date



ANNUAL REPORT

Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

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

Corporate ID: 0039447 Annual Report for the year: 1995

Name of Corporation: ALDO'S MOPEDS, INC.

Business entity organized under the laws of the State of: Rhode Island
For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Brief statement of the character of business conducted in Rhode Island:

moped and other vehicle rentals

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

130 Chapel Street
Block Island, RI 02807

Phone: (401) 466-5018

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT			
	<u>Lori Leone</u>	<u>130 Chapel Street, Block Island, RI</u>	<u>02807</u>
VICE PRESIDENT			
	<u>Lori Leone</u>	<u>Same as Above</u>	
SECRETARY			
	<u>Lori Leone</u>	<u>Same as Above</u>	
TREASURER			
	<u>Lori Leone</u>	<u>Same as Above</u>	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>NONE</u>			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
<u>1000</u>	<u>Common, Without Par Value</u>

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
<u>100</u>	<u>Common, Without Par Value</u>

Date January 2, 19 95

By: Lori Leone
Lori Leone
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

FILED

JAN 27 1995

By: [Signature]
1/26/95

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
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

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

Corporate ID: 039447 Annual Report for the year: 1994
ALDO'S MOPEDS, INC.

Name of Business Entity

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number:

For foreign entity, address and telephone number of principal office:

Phone:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

130 Chapel Street

Block Island, RI 02807

Phone: 401-466-5018

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Revens, Lanni, Revens & St. Pierre

946 Centerville Road

Warwick, RI 02836

Brief statement of the character of business conducted in Rhode Island:
moped and other vehicle rentals

Date of Organization: 7/16/86

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (SEE RIGL 7-1.1)			
<u>Lori Leone</u>	<u>130 Chapel Street, Block Island, RI 02807</u>		
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (SEE RIGL 7-1.1)			
<u>Lori Leone</u>	<u>Same as Above</u>		
<input type="checkbox"/> CLERK OR AN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (SEE RIGL 7-1.1)			
<u>Lori Leone</u>	<u>Same as Above</u>		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (SEE RIGL 7-1.1)			
<u>Lori Leone</u>	<u>Same as Above</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>NONE</u>			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000

CLASS Common

SERIES

PAR VALUE OR
WITHOUT PAR Without Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES

PAR VALUE OR
WITHOUT PAR Without Par Value

ALDO'S MOPEDS, INC.

Date January 3, 19 94

By: Lori Leone

FILED

FEB 2 1994

10m 1138

Lori Leone

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

Form 3-1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

REVEN, BLANDING, ST. PIERRE
946 CENTERVILLE ROAD
WARWICK RI 02836

Filing Fee \$50.00

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

PLP ✓
491

Corporate ID 0039447 Annual Report for the year 1993

FIRST: The name of the corporation is ALDO'S MOPEDS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is moped and other vehicle rentals

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 946 Centerville Road Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Maria Leone	President	130 Chapel Street Block Island, RI
Lori Leone	Vice President	Same as above
Maria Leone	Secretary	Same as above
Lori Leone	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No par value

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No par value

MAR 02 1993

SEAL OF STATE

Dated January 4, 1993

ALDO'S MOPEDS, INC.
(Name of Corporation)

By

Maria Leone

MARIA LEONE

Title President

(Report must be signed by an officer)

Filing Fee \$50.00

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

10861

Corporate ID 0038447 Annual Report for the year 1992

FIRST: The name of the corporation is ALDO'S MOPEDS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is moped and other vehicle rentals

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 946 Centerville Road
Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
.....	Director
.....	Director
.....	Director
Maria Leone	President	130 Chapel Street Block Island, RI
Lori Leone	Vice President	130 Chapel Street Block Island, RI
Maria Leone	Secretary	130 Chapel Street Block Island, RI
Lori Leone	Treasurer	130 Chapel Street Block Island, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1000	Common

PAID
FEB 14 1992
SEC'Y OF STATE

Par Value
or statement that
shares are without
par value

No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	Common

Par Value
or statement that
shares are without
par value

No par value

Dated January 6, 19 92

ALDO'S MOPEDS, INC.

(Name of Corporation)

By

Maria Leone
MARIA LEONE

Title President

(Report must be signed by an officer)

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 corporation is ALDO'S MOPEDS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is moped and other vehicle rentals

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 946 Centerville Road
Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
John Leone	President	130 Chapel Street Block Island, RI 02807
Lori Leone	Vice President	130 Chapel Street Block Island, RI 02807
John Leone	Secretary	130 Chapel Street Block Island, RI 02807
Lori Leone	Treasurer	130 Chapel Street Block Island, RI 02807

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1000	Common

Series PAID

APR 08 1991
SECY OF STATEPar Value
or statement that
shares are without
par value

None

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	Common

Series

Par Value
or statement that
shares are without
par value

None

Dated January 7, 19 91

ALDO'S MOPEDS, INC.

(Name of Corporation)

By JOHN LEONE
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

AT

Corporate ID 0069447 Annual Report for the year 1990

FIRST: The name of the corporation is ALDO'S MOPEDS, INC

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is moped and other vehicle rentals

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 946 Centerville Road, Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
John Leone	President	130 Chapel Street, Block Island, RI 02807
Lori Leone	Vice President	" " " " " "
John Leone	Secretary	" " " " " "
Lori Leone	Treasurer	" " " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		No par value

PAID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No par value

MAR 15 1990

Dated January 2 1990

ALDO'S MOPEDS, INC.

(Name of Corporation)

By John R Leone

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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

[Signature]

Corporate ID 39447 Annual Report for the year 1989

FIRST: The name of the corporation is ALDO'S MOPEDS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is moped and other vehicle rentals

FOURTH: If foreign corporation, address of its principal office n/a

FIFTH: Business address in Rhode Island 946 Centerville Road, Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
John Leone	President	130 Chapel Street, Block Island, RI 02807
Lori Leone	Vice President	" " " " " " "
John Leone	Secretary	" " " " " " "
Lori Leone	Treasurer	" " " " " " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	PAID	No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		No Par Value

Dated January 26, 19 89

ALDO'S MOPEDS, INC.
(Name of Corporation)

By President

[Signature: John R. Leone]

Title

(Report must be signed by an officer)

Filing Fee \$15.00

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 Report for the year 1988

FIRST: The name of the corporation is ALDO'S MOPEDS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is moped and other vehicle rentals

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island 946 Centerville Road

Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
John Leone	President	130 Chapel Street Block Island, RI
Lori Leone	Vice President	Same as above
John Leone	Secretary	Same as above
Lori Leone	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1000	Common

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	Common

ENTERED AUG 4 1988

PAID

FEB 22 1988

DEPT. OF STATE

Par Value
or statement that
shares are without
par value

No par value

Par Value
or statement that
shares are without
par value

No par value

Dated January 5 19 88

ALDO'S MOPEDS, INC.

(Name of Corporation)

By John R. Leone

President

Title

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903Corporate ID 39447 Annual Report for the year 1987FIRST: The name of the corporation is ALDO'S MOPEDS, INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is moped and other vehicle rentalsFOURTH: If foreign corporation, address of its principal office N/AFIFTH: Business address in Rhode Island 946 Centerville RoadWarwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
John Leone	President	130 Chapel Street, Block Island, RI
Lori Leone	Vice President	130 Chapel Street, Block Island, RI
John Leone	Secretary	130 Chapel Street, Block Island, RI
Lori Leone	Treasurer	130 Chapel Street, Block Island, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1000	Common

APR 23 1987

Series

Par Value
or statement that
shares are without
par value

No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	Common

04/01/87 PAID

Series

Par Value
or statement that
shares are without
par value

No par value

Dated January 29 19 870123A001
15.00
15.00
15.00ALDO'S MOPEDS, INC.
(Name of Corporation)

By

John R Leone

Title

President

(Report must be signed by an officer)