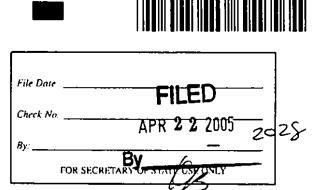


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

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

41348	2. Name of Corporat SMITTY'S AU	TO SERVICE, INC.			
3. Street Address Principal Busine	rs Office		City	State	Zip
68 Gervais St	reet	,	Coventry	RI	02816
4. Business Phone No		5. State of Incorporation			6 SIC Code
821-3220		RHODE ISLAND)	····	8953
7. Brief Description of the Court of TO ENGAGE IN THE PAR13 OF EVERY KI 8. NAMES AND ADDRESS President Name	IND AND DESCRIPTIO	N	L AT RETAIL AND WHOLESAL TACHMENT) FILL IN S	LE AUTOMOTIVE EQUIP	
Geoffroy Smit	h		Geoffroy Sm	ith	
Street Address			Street Address		
390 Lewis Far	m_Road		390 Lewis F	arm_Road	
Clty	State	Zip	City	State	Zip
Greene	RI	02827	Greene	RI	02827
Secretary Name			Treasurer Name		
Geoffroy Smit	<u>h</u>	-	Geoffroy Sm	ii th	
Street Address	D 3		Street Address		
390 Lewis Far		7/2	390 Lewis F		I mu
an Greene	State	7.lp	City	State	Zip
9. NAMES AND ADDRESS	RI	02827	: Greene	RI SPACES BEFORE USII	02827
Director Name	, LO OT THE PARE OF	ono. (A Box fon A	Director Name	STACES BETOKE OST	NO ATTACHMENTS
Geoffroy Smit	h				
Since Address			Sircet Address		
390 Lewis Far	m Road				
City	State	Zip	City	State	Zip
Greene	RI	02827			
Director Nume	•••••	•••••••••••	Director Nume	••••••	
Street Address			Street Address		
City	State	Zip	City	State	Zıp
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR A	TTACHMENT)	: 11. SHARES ISSUED ("X" BOX FOR ATTACH	 MENT) []
Number of Shares	Class/Suries	Par Value	Number of Shares	Class/Series	Par Value
			600	Common	No 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.

Geoffroy Smith

Print or Type Name of Officer

President



File Date

Check No.

FOR SECRETARY OF STATE USE ONLY

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

Matthew A. Brown, Secretary of State

ROFIT CORPORATION ANNUAL	REPORT FOR THE YEAR	2004

Filing Period: January 1 - March 1 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation SMITTY'S AUTO SERVICE, INC 41348 ZIP State 3. Street Address Principal Business Office City 02816 Coventry RI68 Gervais Street 6. SIC Code 4. Business Phone No. 5. State of Incorporation 821-3220 8953 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF VEHICLE REPAIR AND TO SELL AT RETAIL AND WHOLESALE AUTOMOTIVE EQUIPMENT AND PARTS OF EVERY KIND AND DESCRIPTION
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Geoffroy Smith Geoffroy Smith Street Address Sircei Address 390 Lewis Farm Road 390 Lewis Farm Road State Greene 02827 Greene Treasurer Name Secretary Name Geoffroy Smith Geoffroy Smith Street Address Street Address 390 Lewis Farm Road 390 Lewis Farm Road State RI02827 Greene RI02827 FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Geoffroy Smith Street Address Street Address 390 Lewis Farm Road State Cin State Zip 02827 greene Director Name Director Name Street Address Street Address State Zip City State Zip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Class/Series Par Value Number of Shares Par Value Number of Shares Class/Syries No Par **600 NO PAR VALUE** 600 Common 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.

President
Title of Officer

Signal Ay of Officer

Geoffroy Smith
Print or Type Name of Officer

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT GORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PIJ AM READ INSTRUCTIONS

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FORM MUST BE TYPED OR PI	2. Name of Corporat	lon a contract of the	agen er om myndig grennen ger Million og det grennen grenne			``
41348 *** , , , , , , ,		JTO SERVICE, INC. 1	The state of the s			,
3. Street Address Principal Busi			City	State	Zip	
68 Gervai	s Street		Coventry	RI	02816	
4. Business Phone No.		5. State of Incorporation			6. SIC Code	
821-3220		RHODE ISLAND			8953	
7. Brief Description of the Char	·	ro en	gage in the bus			
& to sell at : 8. NAMES AND ADDE President Name	retail & who: RESSES OF THE OFFI	lesale automot CERS (*X* BOX FOR ATTAC	ive equipment & HMENT) FILLIN SPACES Vice President Name	parts of eventuring attack	ery kind & HMENTS descripti	LC
Geoffrey	Smith		Geoffroy	Smith		
Street Address			Street Address			
	Farm Road		390 Lewis	Farm Road		
City	State	Zíp	City	State	Zip	
Greene	RI	02827	Greene	RI	02827	
Secretary Name	Cmith			C-: LL		
Geoffroy S	OIIIT CII		Geoffroy Street Address	SHICH		
	Farm Road					
City	State	7.1p	390 Lewis	Farm Road	Zip	
Greene	RI	02827	, _	7.7	•	
-	-	CTORS ("X" BOX FOR ATT	Greene (ACHMENT) FILL IN SPACE (Director Name)	RI ES BEFORE USING ATTA	02827 ACHMENTS	
Geoffroy S	Smith					
Street Address	JIII L CII		Street Address			
390 Lewis	Farm Road					
City	State	Zip	City	State	Zip	
Greene	RI	02827				
Director Name		02027	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zlp	
10. SHARES AUTHORI	IZED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT	י	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	•
600 NO PAR VALUE			600	common	no par valu	е

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



3-13-03 File Date: ______

Check No.: 1987

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 age true and correct.

that all statements contained herein are true and correct.

Jedhow My hath

Cooffman C-ibb

Geoffroy Smith
Print or Type Name of Officer

President



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

					(INDITIONAL
FORM MUST BE TYPED IN BLAC	κ)			4.	
I. Corporate ID No.	2. Name of Corporation	,			
41348	SMITTY'S AUTO	SERVICE, INC.			
3. Street Address Principal Business O	(fice		Clly	State	Zip
68 Gervais Stree 6. Business Phone No.	et	5. State of Incorporation	Coventry	RI	02816 6. SIC Code
821-3220 7. Brief Description of the Character of	f Business Conducted in Rho	RHODE ISLAND	ge in the business of veh	nicle remir & to ex	8953 -11
at retail & wholesale a B. NAMES AND ADDRESSI Tresiden: Name		nt & paints of every	kind & description		
Geoffrey Smith	1		Geoffrey 1 Smith		
390 Lewis Farm Road	State	Zip	_{City} 390 Lewis Farm Road	State	Zip
Greene Secretary Name	RI	. 02827	Greene Treasurer Name	RI	02827.
Geoffrey Smith	1		Geoffrey Smith		
390 Lewis Farm Road	State	Zip	390 Lewis Farm Road	State	Zip
Treene O. NAMES AND ADDRESSI Director Name	RI ES OF THE DIRECTO	02827 ORS (*x* box for attac	Greene CHMENT) FILL IN SPACES BE Director Name	RI FORE USING ATTACHI	02827 MENTS
Geoffrey Smith	1		Street Address		
390 Lewis Farm Road	State	Zip	City	State	Zip
Greene Director Name	RI	02827	Director Name		
treet Address			Street Address		
Sity	State	Zip	City	State	Zip
O. SHARES AUTHORIZED	(°X° BOX FOR ATTACH)	AENT)	11. SHARES ISSUED ("X" 80	OX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Glass/Series	Par Value
600 NO PAR VALUE			600	contro	no par valu:e

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



File Date:	2-11-02	
Check No.:	1753	
Ву:	2	
	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.

COMITO 1

Leoffray Str. Signature of Str. Signature of Str. Str. Str. Str. Str. Str. Str. Str.	Smith	1-30-02
Signature of Offices	U	ate

nt or Type Name of Officer		

	President	
Title of Officer	•	

ee®ab s

Farm 630 12/01

no par value

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 MU:	ST BE	TYPED	IN	BLACK)
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I.	Corporal	(D	NO.	

Number of Shares

600 SHS NO PAR

2. Name of Corporation

41348

SMITTY'S AUTO SERVICE, INC.

3. Street Address Principal Business Office		City	State	Zip
68 Gervais Street		Coventry	RI	02816
4. Business Phone No. 821 – 3220	5. State of Incorporation RHODE ISLAND			6. SIC Code 8953
7. Arief Description of the Character of Business Condu to sell at retail & who	cted in Rhode Island to engage	e in the busine	ess of vehicle	e repair &
8. NAMES AND ADDRESSES OF THE (President Name	OFFICERS ("X" BOX FOR ATTACHM	ENT) FILL IN SPACES B Vice President Name	EFORE USING ATTACH	MENTS Cription
Geffroy Smith Street Address		Geffroy Sn Street Address	nith	
390 Lewis Farm Roa	d Zip	390 Lewis	Farm Road	Zip
Greene RI Secretary Name	02827	Greene Treasurer Name	RI	02827
Geffroy Smith Street Address		Geffroy St	nith	
390 Lewis Farm Roa	d zip	390 Lewis	Farm Road	Zip
Greene RI 9. NAMES AND ADDRESSES OF THE I	02827 DIRECTORS ("X" BOX FOR ATTAC	Greene HMENT) FILL IN SPACES Director Name	RI BEFORE USING ATTAC	02827 HMENTS
Geffroy Smith				
Street Address		Street Address	•	
390 Lewis Farm Roa	id zıp	City	State	Zip
Greene RI Director Name	02827	Director Name		
Street Address		Street Address		
City State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR	ATTACHMENT)	11. SHARES ISSUED (*)	* BOX FOR ATTACHMENT)	

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

Number of Shares

600

	* 4 1 3 4 8 *
File Date:	3-22-01
Check No.:	1123
Ву:	2.
	OF STATE USE ONLY

Class/Series

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.

Class/Series

Common

No Par Value

Jeoffing Ly Sunt 26 SANUARY 2001

rint or Type Name of Officer

President
Title of Officer

•

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

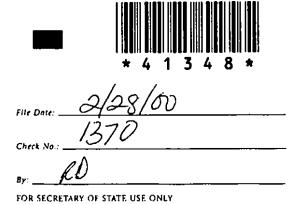
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

2000

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INSTRUCTIONS

FIIIng	Period: January	1-March 1 •	Filing Fee: \$50.00			INSTRUCTIONS
(FORM)	MUST BE TYPED IN BLA	CK)				
1. Corpor	ate ID No. 41348	2. Name of Corpora SMITTY S	AUTO SERVICE, IN	c.		
3. Street	Address Principal Business	Office		City	State	^{Z1p} 02816
	68 Gervais Streets Phone No.	t	5. State of incorporation	Coventry	∵ RI	6. SIC Code 8953
7. Brief D	821–3220 Description of the Character		RHODE ISLANI ^{n Rhode Island} to engage	e in the business of v	vehicle repair & to s	
retai 8. NAI President	MES AND ADDRES	tamotive equipm SES OF THE OFFI	ent & parts of every CERS (*X* BOX FOR ATTAC	kind & description CHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTAC	HMENTS
) tesiment	Geffroy Smi	th			froy Smith	
Street Ad	-			Street Address		
	390 Lewis Fa	aum Road		390	Lewis Farm Road	
City		State	Zip	City	State	ZIp
	Creene "	RI .	02827	Greene	RI	02827
Secretary	Geoffroy Smith			Treasurer Name Geofficoy	Smith	
Street Ad	aress 390 Lewis Farm I	Road		Street Address 390 Lewis	s Farm Road	
City		State	Zip	City	State	Zip CCCCT
	Greene	RI	02827	Greene	RI	02827
9. NA		SES OF THE DIR	ECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPA Director Name	CES BEFORE USING ATTA	ACHMENTS
	Geoffin	oy Smith				
Street Ad				Street Address		
	390 Le	wis Farm Road		5 11	****	21.
City	Ommo	State RI	zip 02827	City	State	Zip
Director	Name	· ·	02027	Director Name		
Street Ad	ldress			Street Address		
City		State	Zip	City	State	Zip
	IARES AUTHORIZE IZED SHARES	D (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT	r)
Number	of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600	SHS NO PAR			600	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.

Skeffroy 12 Smith	1-24-2000
Signatife of Office	Date

• •	
GEOFFROY SMITH	
Print or Type Name of Officer	

President
Title of Officer



FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

1999 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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	.://

Filing Period: Janua	ry 1-March 1 •	Filing Fee: \$50.00			INSTRUC
FORM MUST BE TYPED IN B					<u>.</u>
Corporate ID No. 41348	2. Name of Corpora SMITTY'S	AUTO SERVICE, INC	•		
3. Street Address Principal Busine	ess Office		City	State	Zip
68 Gervais Str Business Phone No. 821-3220		S. State of Incorporation RHODE ISLA	ND		02816_ 6. SIC Code 8953
wholesale automot	ive equipment & p	parts of every kind &	•		
. NAMES AND ADDRI	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) [FILL IN SPACE	S BEFORE USING ATTAC	HMENTS
Geoffroy Smith			Vice President Name Geoffroy Smith		
treet Address	•		Street Address	n 1	
390 Lewis Farm Ro		— _{Т.} .	390 Lewis Fam		718
City Greene	State RI	02827	Greene	State RI	02827
ieccetary Name Geoffroy Smith			Treasurer Name Geoffroy Smith	l <u></u>	····
390 Lewis Farm Ro	nad	· · · · · · · · · · · · · · · · · · ·	Street Address 390 Lewis Fam	Road	<u> </u>
Greene .	State RI	^{Zip} 02827	Greene	State RI	02827
NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) [FILL IN SPA	CES BEFORE USING ATT	ACHMENTS
Olrector Name Geoffroy Smith			: Director Name		
390 Lewis Farm Ro	ad a		Street Address		
Greene	State RI	^{Zip} 02827	Спу	State	Zip
Director Nome			Director Name		
Street Address		·	Street Address	· 	
City	State -	Zip	City	State	Zip
10. SHARES AUTHORIS	ZED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUEI	(*X* BOX FOR ATTACHMENT) <u> </u>
AUTHORIZED STARES			ISSUED STARFS		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHS NO PAR			600	Cormon	No par value
- · · · · · · · · · · · · · · · · · · ·					
Chie rappet must be st	and in ink by sit	that the Dratidant Via	e President, Secretary, A	esistant Secretary Treas	urer Receiver or Ti
nis report must be si	gned in ink by en	ther the President, vic	e rresident, sectetary, A	ssistant secretary, iteas	uter, Receiver of It
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1979					• •
			linder negalty of	perjury, I declare and affire	m that I have examine
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, A.	11 00	* 1	•	ts contained herein are true	
I A 1//1	11 (X(A		•		<i>i</i> .

Signature of Difficer Geolf froy Smith

Print or Type Name of Officer

President

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				** ** ** ** ** ** ** ** ** ** ** ** **	
1. Corporate ID-No,, :	-2. Name of Corporation	-			
3. Str 41 348 ss Principal Business Of	na SMITTY'S AUT	O SERVICE, INC.		State	21p 02816
68 Gervais Street 4. Business Phone No. 821-3220		5. State of Incorporation	Coventry	R.I.	6. SIC Code 8953
7. Brief Description of the Character of to engage in the bu equipment & parts 8. NAMES AND ADDRESSE	PHIC22 OF ACT	Treate reformer a a	MENT)	s wholesale automo	
President Name Geoffroy Smith			Vice President Name Geoffroy Smith		
Suget Address 390 Lewis Farm Road	3	•	390 Lewis Farm	Road	
Greene	State R.I.	^{Zip} 02827	Greene	State R.I.	^{Zip} 02827
Secretary Name Geoffroy Smith			Treasurer Name Geoffroy Smith	·	
Street Address	a		Street Address 390 Lewis Farm	Road	
390 Lewis Farm Road	I State	Zip	City	State	Zip naga a
Greene	R.I.	02827	Greene	R.I.	⁷⁷ 02827
9. NAMES AND ADDRESSI Director Name	ES OF THE DIRECT	FORS ("X" BOX FOR ATTA	CHMENT) Director Name		
Geoffroy Smith Street Address			Street Address		
390 Lewis Farm	Road State	Zip	City	State	Zip
Greene Director Name	RI	02827	Director Name		•
Street Address			Street Address		
City	State	Z.tp	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			600	Common	No par value
600 SHS NO PAR					
		•	0		

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

File Date:	5.12.98
Check No.:	7445
Ву:	100
FOR SECRETAR	LY 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.

Stendard Date

Signature of plices

Geoffroy Smith

Print or Type Name of Officer
President

Title of Officer



Jumes 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

68 Gervais Street

3. Street Address Principal Business Office

1. Corporate ID No. 41348

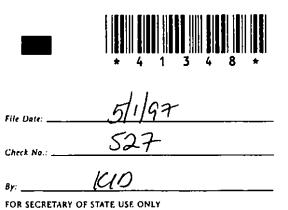
SMITTY'S AUTO SERVICE, INC.

City 7.1p State Coventry R.I. 02816

S. State of Incorporation 4. Business Phone No. RHODE ISLAND 8953 821-3220 to engage in the business of vehicle repair & to sell 7. Brief Description of the Character of Business Conducted in Rhode Island at retail & wholesale automotive equipment & parts of every kind & description 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Geoffroy Smith Geoffroy Smith Street Address Street Address 390 Lewis Farm Road 390 Lewis Farm Road State 02827 02827 Greene R.I. Greene R.I. Secretary Name Treasurer Name Geoffroy Smith Geoffroy Smith Street Address Street Address 390 Lewis Farm Road 390 Lewis Farm Road City State 02827 R.I. 02827 Greene R.I. Greene 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Geoffroy Smith Street Address Street Address 390 Lewis Farm Road Zip City City 02827 R.I. Greene Director Name Director Name Street Address Street Address State City Zip 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES PARALES CERTIFOR 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

600



600 SHS NO PAR

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.

common

no par value

Geofftoy Smith

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

. <u>.</u>		PLEASE TYPE OR	PRINT IN BLACK INK.		
CORPORATE ID NO.	2. NAME OF CORPORATION				
41348	SMITT	Y'S AUTO SERVICE	E, INC.		
STREET ADDRESS PRINCIPAL BUSINESS OFFICE	/		ατγ	STATE	ZIP CODE
68 Gervais Stre	et		Coventry	i RI	02816
USINESS PHONE NO.		5. STATE OF INCORPORATION		<u></u>	6 SIC 000E
821-3220		RHODE IS	SLAND		8953
REEF DESCRIPTION OF THE CHARACTER OF BU	MANAGE AND ATTEMPT SO THE	F ISJ AMO	 	 	
			r and to sell at	retail and whol	esale automotive
			ription————————————————————————————————————		esale aucomocive
	8 N A	MES AND ADDR		FFICERS	** · · · · ·
SIDENT HAME			VICE PRESIDENT NAME	_	
Geoffroy Smith			Marilyn Smit	.h	
390 Lewis Farm	Dood			Dani	
, Jan Dewis Laim	STATE	ZP CODE	390 Lewis Fa	STATE	20° COOE
Greene	RI	02827	' Greene	RI	02827
RETARY HAVE	` <u> </u>	02.02.1	TREASURER NAME		02027
Marilyn Smith			Geoffroy Sm	ith	
EFT ADORESS			STREET ADORESS		
390 Lewis Farm			390 Lewis F	arm Road	
1	STATE	ZIP CODE	ary	STATE	ZIP COOE
Greene	RI	02827	Greene	RI	02827
	9. N.A	MES AND ADDR	ESSES OF THE O	IRECTORS	
ECTOR HAME			•		
Geoffroy Smith			Marilyn Smit	<u>.h</u>	
390 Lewis Farm	Poad		390 Lewis Fa	rm Poad	
7 Dewis raim	STATE	ZIP COOE	130 Dewis to	STATE	ZIP COO€
Greene	RI	02827	Greene	RI	02827
ECTOR HAME			DIRECTOR HAME		
REET ADDRESS			STREET ADDRESS		·
Y	STATE	ZP C00E	· απν	STATE	ZIP COOK
·	· · · · · · · · · · · · · · · · · · ·		4		
	10. S	CHARES AUTHOR	IZED AND ISSUE	D	
	AUTHORIZED SHARES	D. D. L.	ANIMADE OF CHAPES	ISSUED SHARES	no.
NUMBER OF SHARES	CLASS / SERIES	PARVALUE	INJABER OF SHARES	CLASS / SERTES	PARVALLE
600 SHS NO P	AR		600	common	
			 =		-
				1	
<u> </u>		 		<u>_i</u>	
	T	nis report must be SIG	SNED IN INK by either	the	
Presid			tant Secretary Treasure		



File Date: Check No:

Ву:

GEOFFROY SMITH
Print or Type Name of Officer

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.

For Secretary of State Use Only

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 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:)41548 	An	nual Report for th	1995 e vear:		
Name of Communication	SMITTY'S	AUTO SERVICE, :	-			
	inder the laws of the State of:		Business Entity is (check one):			
For foreign entity, address and telephone number of principal office:			 [x] Business Corporation (See RIGL Chapter 7-1.1) Professional Service Corporation (See RIGL Chapter 7-5.1) 			
Island (Provide street addresses 68_Gervais_S	treet I02816	entity in Rhode	to engage and to se motive eq	the character of business conductor in the business of value and whole in the character of and parts of on.	vehicle repair Lesale auto- every kind and	
Phone: (401)	821-3220					
		THE NAMES OF THE	OFFICERS ARE	<u>_</u>		
PRESIDENT	· ··	STREET ADDRESS	S	CHYSTATE	ZIP CODE	
Geoffroy Smith	<u>h</u>	390 Lewis Fart		Greene, R.I.	02827	
Marilyn Smith		51REEL ADDRESS	S	CHYSIAIE	ZIP CODE	
SECRETARY		STREET ADDRESS	S	CITY/STATE	ZIP CODE	
Marilyn Smith		п		ti .	18	
TREASURER Geoffroy Smit		STREET ADDRESS		CITY/STATE II	ZIP CODE	
		THE NAMES OF THE D	HRECTORS AR	F.	.	
NAME		STREET ADDRESS		CTTY/STATE	71P CODE	
Geoffroy Smith	h	11			II	
Marilyn Smith		STREET ADDRESS	S	CTTY/STATE	ZIP CODE	
NAME		STREET ADDRESS	<u>-</u> .	CTTY/STATE	ZIP CODE	
NUMBER OF SHARES AU	THORIZED (Rider may be attac	thed)	UMBER OF SHARES	S ISSUED AND OUTSTANDING (R	ider may be attached)	
Number of Shares Class / Series		_ N	umber of Shares	Class / Series		
600	Common		600	Common		
Date		By:	fry M	funth	<u></u>	
Form 31 1/95	•	PRINT OR TYPE S	Geoffre AME OF OFFICER SIGNIN	Smith President		
	DESIGNATED	REGISTERED AGENT		OF PROCESS:		
 -				<u> </u>		

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

ARTHUR 6. CAPALDI 1035 MAIN STREET COVENTRY RI 02816 FILED

SEP 2 9 1995

By CC 5003

Fiting Fee \$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

0041848 1994 Annual Report for the year: _ Corporate ID: . SMITTY'S AUTO SERVICE, INC. Name of Business Entity: _ Business Entity is (check one): Business entity organized under the laws of the State of ... [x] Business Corporation (See RIGL Chapter 7-1.1) Federal Taxpayer Identification Number Professional Service Corporation (See RIGL Chapter 7-5.1) [] Limited Liability Company (See RIGL 7-16) For foreign entity, address and telephone number of principal office: Name, title and mailing address of contact person to whom communications may be directed: N/A Smitty's Auto Service, Inc. Attn: Mr. Ceffory Smith, President 63 Gervais Street Coventry, R.I. 02816 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): Brief statement of the character of business conducted in Rhode Island: to engage in the business of vehicle repair & to sell at 68 Gervais Street retail & wholesale automotive equipment & parts of every Coventry, R.I. 02816_ kird and description.
Dute of Organization _____ December 31, 1986 _____ Date of Qualification to do business in Rhode Island (if foreign entity). Phone: 401 821-3220 THE NAMES OF THE OFFICERS ARE: CITYATATE ZIP CODE 02827 390 Lewis Farm Road Greene, R.I. <u>Geoffroy Smith</u> CURIOR XI ASSESSED INTO CARRON CHYSIAN STREET ADDRESS Greene, R.I. 02827 Marilyn Smith Suspension Statement Child One <u>Greene</u>, R.J<u>.</u> 390 Lowis Farm Road
THE NAMES OF THE DIRECTORS ARE:
STRUCT ADDRESS Greene, R.I. 02827 Cooffroy Smith CITYNTATE Z.E.Coby Geoffroy Smith 02827 Greene, R.I. 390 Levis Farm Road ZIP COD: 02827 390 Lewis Farm Road Greene, R.I. STREET ADDRESS CITYSTATE NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER NUMBER 600 600 CLASS Common CLASS Common SERIES SERIES PAR VALUE OR PAR VALUE OR No Par Value WITHOUT PAR No Par Value WITHOUT PAR Date Form 31 1:34 DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

Form 31 1/85

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

	polated under the laws of	Rhode Island to engage in the busin	ess of vehicle repair an
sell at retail and	wholesale automotive eq	uipment and parts of e	ess of vehicle repair an every kind and description
FOURTH: If foreign	corporation, address of its pri	ncipal officen/a	······································
FIFTH: Business add	dress in Rhode Island 1035	Main Street, Coventry	, R.I. 02816
SIXTH: Names and	addresses of its directors and o		(Attach rider if necessary) g number, street, zip code)
Geoffroy Smith	Director	390 Lewis Farm Road	1, Greene, R.I. 02827
Marilyn Smith	Director		
	Director		
Geoffroy Smith	President		
Marilyn Smith	Vice Presider	nt	н
Marilyn Smith	Secretary		
Geoffroy Smith	Treasurer	n	
Seventh: Number	of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	
600	Common	Rec'd & Filed Jun	No par value
Eighth: Number o	of Shares issued:	Rec'd & Filed July	or statement that
No. of Shares	Class	Series	shares are without par value
600	Common		No par value
	19 <i>9.</i> 3	SMITTY'S AUTO SERVIC	

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

Fee \$50.00 State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID		Annual Report for	the year	907 ************************************
FIRST: The name of	of the corporation is	SMITTY'S AUTO	SERVICE, 1	WC
	rporated under the laws of			
to sell at reta	of business, briefly stated, isil and wholesale automo	tive equipment and par	ness of vehic	le repair and kind and
FOURTH: If foreign	corporation, address of its pr	incipal officen/a		
Fifrh: Business ad	dress in Rhode Island1035 Ma	ain Street, Coventry,	R.I. 02816	
SIXTH: Names and	addresses of its directors and		(Attac ing number, street, zip co	h rider if necessary)
Geoffroy Smith	Director	390 Lewis Farm I	Road, Greene,	R.I. 02827
Marilyn Smith	Director			
	Director		• • • • • • • • • • • • • • • • • • • •	••••••••
Geoffroy Smith	President	tt		
Marilyn Smith	Vice Preside	nt		
Marilyn Smith	Secretary		If	
Geoffroy Smith	Treasurer			
Seventh: Number	of Shares authorized:			Value
No. of Shares	Class	Series	shares a	ment that re without value
600	Common	PAID	No par	value
		MAR 0 6 1992		
Eighth: Number of Shares issued:		BEC'Y OF STATE	or state	Value ment that are without
No. of Shares	Class	Series		value
600	Common		No par	value
Dated /-/4		MITTY'S AUTO SERVICE, Name of Corporation)	INC.	
	. В	y Seofray 11	fmeth	• • • • • • • • • • • • • • • • • • • •
(Report must be	signed by an officer) T	itle LACSIDENT	••••••	

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

Corporate ID	0041348	Annual Report fo	or the year 1991
FIRST: The na	me of the corporation is		
Second: It is	incorporated under the laws of	Rhode Island	······································
THIRD: Charac repair and of every k	cter of business, briefly stated, is to sell at retail and ind and description.	to engage in the d wholesale automo	e business of vehicle tive equipment and par
FOURTH: If for	reign corporation, address of its j	principal officen/.a	
Fifth: Busines	ss address in Rhode Island10	35 Main Street, Co	ventry, R. I. 02816
	and addresses of its directors an		(Attach rider if necessary)
Geoffroy Sm	ith Director	390 Lewis Farm 1	Road, Greene, R.I. 02827
Marilyn Smi	t h Director		n
•••••	Director		
Geoffroy Sm	ith President		n
Marilyn Smi	th Vice Presid	dent"	n
Marilyn Smi	th Secretary	ţţ .	11
Geoffroy Sm	i.thTreasurer		U.
SEVENTH: Nui	nber of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
600	common	PAID	no par value
Еіднтн: Num	ber of Shares issued:	10N 2 2 1991	Par Value or statement that
No. of Shares	Class	SECY OF ESEMPTE	shares are without par value
600	common		no par value
Dated /- /-	19 91	SMITTY'S AUTO (Name of Corporation) By Jeoffman	service, inc. 1 Luith
(Report mu	ist be signed by an officer)	Title Presiden	ıt

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

Corporate ID	1348	Annual Report fo	or the year.	990
FIRST: The name	of the corporation is	SMITTY'S AUTO SE	RVICE, I	NC .
SECOND: It is income	orporated under the laws of			
repair and to se	of business, briefly stated, istell at retail and wholled description.	lesale automotive	e equipme	ent and parts
FOURTH: If foreig	n corporation, address of its prin	•		
FIFTH: Business a	ddress in Rhode Island 1035	Main Street, Co		•
SIXTH: Names an	d addresses of its directors and o		ding number, stre	(Attach rider if necessary
Geoffroy Smith	Director	RR #1 Box A-1	Greene	, R.I.
Marilyn Smith	Director	11		
	Director	•	************ *	•••••
Geoffroy Smith	President	ti		
Marilyn Smith	Vice Presiden	t		
Marilyn Smith	Secretary	n		•••••
Geoffroy Smith	Treasurer	n		
Seventh: Number	er of Shares authorized:			Par Value or statement that
No. of Shares	Class	Series		shares are without par value
600	common	وا د الاحتاد العام ا	ר) no	par value
T		PART + W	. ,	
Eighth: Number	of Shares issued:			Par Value or statement that shares are without
No. of Shares	Class	Series		par value
600	common		no	par value
Dated	2-16 1990	SMITTY'S AUTO	SERVICE	E, INC.
		ame of Corporation)	1 P.	H
	Ву		sident	
-	~	+	SIMPER	

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

al.	Ì
84)=	

# 4	11248	34. Jer	Annual Report for	the year 1989	•
FIRST:	The name of	the corporation	n is SMITTY'S AUT	O SERVICE; INC.	

Second	: It is incorp	orated under t	the laws of Rho	de Island	•
THIRD: vehicle re parts-of-e	epair and to	sell at ret	tail and wholesa	age in the business le automotive equip	ment and
Fourth	H: If foreign	corporation, a	ddress of its princip	al office	
M4		n/a			•
Г итн:	Business add	ress in Rhode	Island (blank repor	rts will be mailed to this	,
address)	35 Main St.	, Coventry	, RI 02816		
Sixth:	Names and a	ddresses of its	s directors and offic	ers:	
	(Addresses mu	ist include street	and number, if any)		
	Name	Office		Address	
Geoffroy	Smith	Director	RR #1 Box A-	1 Greene, RI 02827	!
.Marilyn.S	Smith	Director			•
		Director			•
Geoffroy	Smith	President		······································	•
Marilyn S	Smith	Vice Pres	ident		
Marilyn S	Smith	Secretary	•		÷
Geoffroy	Smith	Treasurer	,		
(if additional	l space is needed,	attach rider)			
Sevent	H: Number o	f Shares auth	orized:	Par Value or statement that shares are without	
No. of S	ihares	Class	Series	par value	
600		common		no par value	
Еіснтн	i: Number of	Shares issued	1.	Par Value	
No. of S		Class	Series	or statement that shares are without par value	
				,	
Dated: /	a-6	1983	SMITTY'S AUX (Name of Corpora	CO_SERVICE, INC.	
	PAID		By Seaffray	- M Smith	
	FEB I U 1989		Title Preside	ent 	
	"O"Y OF STATE	-	(Report must be	e algned by an officer)	7

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

1115 10 137 138

Filing fee: \$15.00

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

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

FIRST: The	he name of the corporation is SMITTY'S AUTO SERVICE, INC.			
SECOND: It is	s incorporated under the	laws of Rhode I	sland	
and to sell at a	racter of business, briefly setail and wholesale auto	omotive equipment	and parts of every ki	
	foreign corporation, add			
n/a		•••••		
Fifth: Busi	ness address in Rhode Isl	land (blank report	ts will be mailed to this	
ddress)35.Mai:	st., Coventry, RI 028	16		
Sixth: Nam	es and addresses of its d	irectors and office	ers:	
(Ad	dresses must include street and	d number, if any)		
Namo	Office		Address	
Geoffroy Smith	Director	RR #1 Box A-1	1 Greene, RI 02827	
Marilyn Smith	Director	, ·H	H	
	Director			
Geoffroy Smith	President	17		
Marilyn Smith	Vice Preside	nt"	11	
Marie Call his	Secretary		n	
	Treasurer	†f	n	
Seventh: N	umber of Shares authori	zed:	Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
600	сольной		no par value	
Eighth: Nu	mber of Shares issued:		Par Value or statement that	
No. of Shares	Class	Series	shares are without par value	
ated: 1/20/	22	SMITTY'S AUTO!	SERVICE INC	
ated: 1/20/	19.88 PAIO	(Name of Corporati	***************************************	
		y Seoffron	M Smith	
	SCOVE STATE	itle President	& Treasurer	
	SCOTO	(Raport must be	algned 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