



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. 41348		2. Name of Corporation SMITTY'S AUTO SERVICE, INC.			
3. Street Address Principal Business Office 68 Gervais Street			City Coventry	State RI	Zip 02816
4. Business Phone No. 821-3220		5. State of Incorporation RHODE ISLAND			6. SIC Code 8953
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Geoffroy Smith			Vice President Name Geoffroy Smith		
Street Address 390 Lewis Farm Road			Street Address 390 Lewis Farm Road		
City Greene	State RI	Zip 02827	City Greene	State RI	Zip 02827
Secretary Name Geoffroy Smith			Treasurer Name Geoffroy Smith		
Street Address 390 Lewis Farm Road			Street Address 390 Lewis Farm Road		
City Greene	State RI	Zip 02827	City Greene	State RI	Zip 02827
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Geoffroy Smith			Director Name		
Street Address 390 Lewis Farm Road			Street Address		
City Greene	State RI	Zip 02827	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares 600 NO PAR VALUE		Class/Series	Par Value		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares 600		Class/Series Common	Par Value 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	FILED
Check No.	APR 22 2005
By:	2028
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: Geoffroy Smith Date: 1-27-05  
Print or Type Name of Officer: Geoffroy Smith  
Title of Officer: President



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

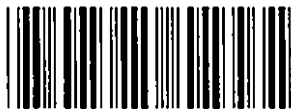
# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 41348		2. Name of Corporation SMITTY'S AUTO SERVICE, INC.			
3. Street Address Principal Business Office 68 Gervais Street		City Coventry	State RI	Zip 02816	
4. Business Phone No. 821-3220		5. State of Incorporation RHODE ISLAND			6. SIC Code 8953
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Geoffroy Smith			Vice President Name Geoffroy Smith		
Street Address 390 Lewis Farm Road			Street Address 390 Lewis Farm Road		
City Greene	State RI	Zip 02827	City Greene	State RI	Zip 02827
Secretary Name Geoffroy Smith			Treasurer Name Geoffroy Smith		
Street Address 390 Lewis Farm Road			Street Address 390 Lewis Farm Road		
City Greene	State RI	Zip 02827	City Greene	State RI	Zip 02827
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Geoffroy Smith			Director Name		
Street Address 390 Lewis Farm Road			Street Address		
City Greene	State RI	Zip 02827	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			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



\* 4 1 3 4 8 \*

File Date 1-30-04  
Check No. 1939  
By: ICP

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: Geoffroy M. Smith Date: 1-15-04

Print or Type Name of Officer: Geoffroy Smith

Title of Officer: President

Title of Officer



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>41348</u>		2. Name of Corporation <u>SMITTY'S AUTO SERVICE, INC.</u>			
3. Street Address Principal Business Office <u>68 Gervais Street</u>		City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	
4. Business Phone No. <u>821-3220</u>		5. State of Incorporation <u>RHODE ISLAND</u>		6. SIC Code <u>8953</u>	
7. Brief Description of the Character of Business Conducted in Rhode Island <u>to engage in the business of vehicle repair</u> <u>&amp; to sell at retail &amp; wholesale automotive equipment &amp; parts of every kind &amp;</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <u>FILL IN SPACES BEFORE USING ATTACHMENTS</u>					
President Name <u>Geoffroy Smith</u>		Vice President Name <u>Geoffroy Smith</u>			
Street Address <u>390 Lewis Farm Road</u>		Street Address <u>390 Lewis Farm Road</u>			
City <u>Greene</u>	State <u>RI</u>	Zip <u>02827</u>	City <u>Greene</u>	State <u>RI</u>	Zip <u>02827</u>
Secretary Name <u>Geoffroy Smith</u>		Treasurer Name <u>Geoffroy Smith</u>			
Street Address <u>390 Lewis Farm Road</u>		Street Address <u>390 Lewis Farm Road</u>			
City <u>Greene</u>	State <u>RI</u>	Zip <u>02827</u>	City <u>Greene</u>	State <u>RI</u>	Zip <u>02827</u>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <u>FILL IN SPACES BEFORE USING ATTACHMENTS</u>					
Director Name <u>Geoffroy Smith</u>		Director Name <u>Geoffroy Smith</u>			
Street Address <u>390 Lewis Farm Road</u>		Street Address <u>390 Lewis Farm Road</u>			
City <u>Greene</u>	State <u>RI</u>	Zip <u>02827</u>	City <u>Greene</u>	State <u>RI</u>	Zip <u>02827</u>
Director Name <u>Geoffroy Smith</u>		Director Name <u>Geoffroy Smith</u>			
Street Address <u>390 Lewis Farm Road</u>		Street Address <u>390 Lewis Farm Road</u>			
City <u>Greene</u>	State <u>RI</u>	Zip <u>02827</u>	City <u>Greene</u>	State <u>RI</u>	Zip <u>02827</u>
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
<u>600 NO PAR VALUE</u>			<u>600</u>	<u>common</u>	<u>no par value</u>

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



\* 4 1 3 4 8 \*

File Date: 3-13-03  
Check No.: 1987  
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.

Geoffroy M. Smith 1-14-03  
Signature of Officer Date

Geoffroy Smith  
Print or Type Name of Officer

President  
Title of Officer



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.

41348

2. Name of Corporation

SMITTY'S AUTO SERVICE, INC.

3. Street Address Principal Business Office

68 Gervais Street

City

Coventry

State

RI

Zip

02816

4. Business Phone No.

821-3220

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8953

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

to engage in the business of vehicle repair & to sell  
at retail & wholesale automotive equipment & parts of every kind & description

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

President Name

Vice President Name

Geoffrey Smith

Geoffrey Smith

Street Address

Street Address

390 Lewis Farm Road

390 Lewis Farm Road

City

City

State

State

Zip

Zip

Greene

RI

02827

Greene

RI

02827

Secretary Name

Treasurer Name

Geoffrey Smith

Geoffrey Smith

Street Address

Street Address

390 Lewis Farm Road

390 Lewis Farm Road

City

City

State

State

Zip

Zip

Greene

RI

02827

Greene

RI

02827

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

Director Name

Director Name

Geoffrey Smith

Street Address

Street Address

390 Lewis Farm Road

City

State

Zip

City

State

Zip

Greene

RI

02827

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

600 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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



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File Date: 2-11-02

Check No.: 1753

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.

Geoffrey Smith 1-30-02  
Signature of Officer Date

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



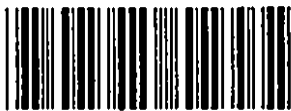
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>41348</b>		2. Name of Corporation <b>SMITTY'S AUTO SERVICE, INC.</b>	
3. Street Address Principal Business Office <b>68 Gervais Street</b>		City <b>Coventry</b>	State <b>RI</b>
4. Business Phone No. <b>821-3220</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
		6. SIC Code <b>8953</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>to engage in the business of vehicle repair &amp; to sell at retail &amp; wholesale automotive equipment &amp; parts of every kind &amp; description</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Geffroy Smith</b>		Vice President Name <b>Geffroy Smith</b>	
Street Address <b>390 Lewis Farm Road</b>		Street Address <b>390 Lewis Farm Road</b>	
City <b>Greene</b>	State <b>RI</b>	City <b>Greene</b>	State <b>RI</b>
Zip <b>02827</b>		Zip <b>02827</b>	
Secretary Name <b>Geffroy Smith</b>		Treasurer Name <b>Geffroy Smith</b>	
Street Address <b>390 Lewis Farm Road</b>		Street Address <b>390 Lewis Farm Road</b>	
City <b>Greene</b>	State <b>RI</b>	City <b>Greene</b>	State <b>RI</b>
Zip <b>02827</b>		Zip <b>02827</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>Geffroy Smith</b>		Director Name <b>Geffroy Smith</b>	
Street Address <b>390 Lewis Farm Road</b>		Street Address <b>390 Lewis Farm Road</b>	
City <b>Greene</b>	State <b>RI</b>	City <b>Greene</b>	State <b>RI</b>
Zip <b>02827</b>		Zip <b>02827</b>	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>600 SHS NO PAR</b>			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>600</b>	<b>Common</b>	<b>No Par Value</b>	

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



\* 4 1 3 4 8 \*

File Date: 3-22-01

Check No.: 1123

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.

Geffroy Smith 26 JANUARY 2001  
Signature of Officer Date

Geffroy Smith  
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



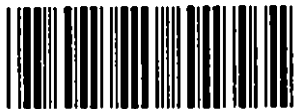
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>41348</b>		2. Name of Corporation <b>SMITTY'S AUTO SERVICE, INC.</b>	
3. Street Address Principal Business Office <b>68 Gervais Street</b>		City <b>Coventry</b>	State <b>RI</b>
4. Business Phone No. <b>821-3220</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>8953</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>to engage in the business of vehicle repair &amp; to sell at retail &amp; wholesale automotive equipment &amp; parts of every kind &amp; description</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>Geoffroy Smith</b>		Vice President Name <b>Geoffroy Smith</b>	
Street Address <b>390 Lewis Farm Road</b>		Street Address <b>390 Lewis Farm Road</b>	
City <b>Greene</b>	State <b>RI</b>	City <b>Greene</b>	State <b>RI</b>
Zip <b>02827</b>		Zip <b>02827</b>	
Secretary Name <b>Geoffroy Smith</b>		Treasurer Name <b>Geoffroy Smith</b>	
Street Address <b>390 Lewis Farm Road</b>		Street Address <b>390 Lewis Farm Road</b>	
City <b>Greene</b>	State <b>RI</b>	City <b>Greene</b>	State <b>RI</b>
Zip <b>02827</b>		Zip <b>02827</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name <b>Geoffroy Smith</b>		Director Name <b>Geoffroy Smith</b>	
Street Address <b>390 Lewis Farm Road</b>		Street Address <b>390 Lewis Farm Road</b>	
City <b>Greene</b>	State <b>RI</b>	City <b>Greene</b>	State <b>RI</b>
Zip <b>02827</b>		Zip <b>02827</b>	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>600 SHS NO PAR</b>			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>600</b>	<b>Common</b>	<b>No Par Value</b>	

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



\* 4 1 3 4 8 \*

File Date: 2/28/00

Check No.: 1370

By: RD

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: Geoffroy M. Smith Date: 1-24-2000

Print or Type Name of Officer: GEOFFROY SMITH

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  
401-222-3040



# 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. <b>41348</b>		2. Name of Corporation <b>SMITTY'S AUTO SERVICE, INC.</b>	
3. Street Address Principal Business Office <b>68 Gervais Street</b>		City <b>Coventry</b>	State <b>RI</b>
4. Business Phone No. <b>821-3220</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>8953</b>
7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the business of vehicle repair & to sell at retail & wholesale automotive equipment & parts of every kind & description.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Geoffroy Smith</b>		Vice President Name <b>Geoffroy Smith</b>	
Street Address <b>390 Lewis Farm Road</b>		Street Address <b>390 Lewis Farm Road</b>	
City <b>Greene</b>	State <b>RI</b>	City <b>Greene</b>	State <b>RI</b>
Secretary Name <b>Geoffroy Smith</b>		Treasurer Name <b>Geoffroy Smith</b>	
Street Address <b>390 Lewis Farm Road</b>		Street Address <b>390 Lewis Farm Road</b>	
City <b>Greene</b>	State <b>RI</b>	City <b>Greene</b>	State <b>RI</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>Geoffroy Smith</b>		Director Name	
Street Address <b>390 Lewis Farm Road</b>		Street Address	
City <b>Greene</b>	State <b>RI</b>	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
<b>600 SHS NO PAR</b>		<b>600</b>	<b>Common</b>
Par Value		Par Value	
		<b>No par value</b>	

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



★ 4 1 3 4 8 ★

File Date: **Feb 11, 99**

Check No.: **806 B**

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.

**Geoffroy Smith** 1/3/99  
Signature of Officer Date  
**Geoffroy Smith**

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. 41348 2. Name of Corporation

3. Street Address Principal Business Office **SMITTY'S AUTO SERVICE, INC.** City **Coventry** State **R.I.** Zip **02816**  
68 Gervais Street  
4. Business Phone No. **821-3220** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island  
to engage in the business of vehicle repair & to sell at retail & wholesale automotive equipment & parts of every kind & description.

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

President Name <b>Geoffroy Smith</b>	Vice President Name <b>Geoffroy Smith</b>
Street Address <b>390 Lewis Farm Road</b>	Street Address <b>390 Lewis Farm Road</b>
City <b>Greene</b> State <b>R.I.</b> Zip <b>02827</b>	City <b>Greene</b> State <b>R.I.</b> Zip <b>02827</b>
Secretary Name <b>Geoffroy Smith</b>	Treasurer Name <b>Geoffroy Smith</b>
Street Address <b>390 Lewis Farm Road</b>	Street Address <b>390 Lewis Farm Road</b>
City <b>Greene</b> State <b>R.I.</b> Zip <b>02827</b>	City <b>Greene</b> State <b>R.I.</b> Zip <b>02827</b>

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

Director Name <b>Geoffroy Smith</b>	Director Name
Street Address <b>390 Lewis Farm Road</b>	Street Address
City <b>Greene</b> State <b>RI</b> Zip <b>02827</b>	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	Class/Series	Par Value
Number of Shares		
<b>600 SHS NO PAR</b>		

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>600</b>	<b>Common</b>	<b>No par value</b>

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.: **7745**

By: **UP**

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 **Geoffroy M Smith** Date **2-9-98**

Print or Type Name of Officer **Geoffroy Smith**

Title 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 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **41348** 2. Name of Corporation **SMITTY'S AUTO SERVICE, INC.**  
3. Street Address Principal Business Office **68 Gervais Street** City **Coventry** State **R.I.** Zip **02816**  
4. Business Phone No. **821-3220** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island **to engage in the business of vehicle repair & to sell at retail & wholesale automotive equipment & parts of every kind & description**

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

President Name <b>Geoffroy Smith</b> Street Address <b>390 Lewis Farm Road</b> City <b>Greene</b> State <b>R.I.</b> Zip <b>02827</b> Secretary Name <b>Geoffroy Smith</b> Street Address <b>390 Lewis Farm Road</b> City <b>Greene</b> State <b>R.I.</b> Zip <b>02827</b>	Vice President Name <b>Geoffroy Smith</b> Street Address <b>390 Lewis Farm Road</b> City <b>Greene</b> State <b>R.I.</b> Zip <b>02827</b> Treasurer Name <b>Geoffroy Smith</b> Street Address <b>390 Lewis Farm Road</b> City <b>Greene</b> State <b>R.I.</b> Zip <b>02827</b>
--	---

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

Director Name <b>Geoffroy Smith</b> Street Address <b>390 Lewis Farm Road</b> City <b>Greene</b> State <b>R.I.</b> Zip <b>02827</b>	Director Name  Street Address  City  State  Zip  Director Name  Street Address  City  State  Zip
---	--

**10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT)**

**AUTHORIZED SHARES**

Number of Shares	Class/Series	Par Value
<b>600 SHS NO PAR</b>		

**ISSUED SHARES**

Number of Shares	Class/Series	Par Value
<b>600</b>	<b>common</b>	<b>no par value</b>

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



File Date: 5/1/97  
Check No.: 527  
By: KID  
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 Geoffroy M Smith Date 3-18-97  
Print or Type Name of Officer Geoffroy Smith  
Title of Officer President

# 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. <b>41348</b>		2. NAME OF CORPORATION <b>SMITTY'S AUTO SERVICE, INC.</b>	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE <b>68 Gervais Street</b>		CITY <b>Coventry</b>	STATE <b>RI</b>
		ZIP CODE <b>02816</b>	
4. BUSINESS PHONE NO. <b>821-3220</b>		5. STATE OF INCORPORATION <b>RHODE ISLAND</b>	
		6. SIC CODE <b>8953</b>	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND <b>to engage in the business of vehicle repair and to sell at retail and wholesale automotive equipment and parts of every-kind and description</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME <b>Geoffroy Smith</b>		VICE PRESIDENT NAME <b>Marilyn Smith</b>	
STREET ADDRESS <b>390 Lewis Farm Road</b>		STREET ADDRESS <b>390 Lewis Farm Road</b>	
CITY <b>Greene</b>	STATE <b>RI</b>	CITY <b>Greene</b>	STATE <b>RI</b>
ZIP CODE <b>02827</b>		ZIP CODE <b>02827</b>	
SECRETARY NAME <b>Marilyn Smith</b>		TREASURER NAME <b>Geoffroy Smith</b>	
STREET ADDRESS <b>390 Lewis Farm Road</b>		STREET ADDRESS <b>390 Lewis Farm Road</b>	
CITY <b>Greene</b>	STATE <b>RI</b>	CITY <b>Greene</b>	STATE <b>RI</b>
ZIP CODE <b>02827</b>		ZIP CODE <b>02827</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME <b>Geoffroy Smith</b>		DIRECTOR NAME <b>Marilyn Smith</b>	
STREET ADDRESS <b>390 Lewis Farm Road</b>		STREET ADDRESS <b>390 Lewis Farm Road</b>	
CITY <b>Greene</b>	STATE <b>RI</b>	CITY <b>Greene</b>	STATE <b>RI</b>
ZIP CODE <b>02827</b>		ZIP CODE <b>02827</b>	
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES			ISSUED SHARES
NUMBER OF SHARES	CLASS / SERIES	NUMBER OF SHARES	CLASS / SERIES
<b>600 SHS NO PAR</b>		<b>600</b>	<b>common</b>

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:

**7/31/96**

Check No:

**1564**

By:

*[Signature]*

For Secretary of State Use Only

Signature of Officer

*[Signature: Geoffroy Smith]*

**GEOFFROY SMITH**  
Print or Type Name of Officer

*[Signature: President]*  
Title of Officer

**1/6/96**  
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 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: 0041548 Annual Report for the year: 1995Name of Corporation: SMITTY'S AUTO SERVICE, INC.Business entity organized under the laws of the State of: R.I.

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: ( )

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

68 Gervais Street  
Coventry, R.I. 02816Phone: ( 401 ) 821-3220

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

to engage in the business of vehicle repair  
and to sell at retail and wholesale auto-  
motive equipment and parts of every kind and  
description.**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Geoffroy Smith	390 Lewis Farm Road	Greene, R.I.	02827
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Marilyn Smith	"	"	"
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Marilyn Smith	"	"	"
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Geoffroy Smith	"	"	"

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Geoffroy Smith	"	"	"
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Marilyn Smith	"	"	"
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
600	Common	600	Common

Date 1-30-95, 19 95By: Geoffroy M. SmithPRINT OR TYPE NAME OF OFFICER SIGNING Geoffroy SmithTITLE OF OFFICER SIGNING President

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.

ARTHUR G. CAPALDI  
1035 MAIN STREET  
COVENTRY RI 02816

FILED

SEP 29 1995

By CC 5003

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

0041548

1994

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_  
SMITTY'S AUTO SERVICE, INC.

Name of Business Entity: \_\_\_\_\_

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: \_\_\_\_\_

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

\_\_\_\_\_  
N/A

Phone: ( ) \_\_\_\_\_

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

68 Gervais Street  
Coventry, R.I. 02816

Phone: (401) 821-3220

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:

Smitty's Auto Service, Inc.  
Attn: Mr. Geoffrey Smith, President  
63 Gervais Street  
Coventry, R.I. 02816

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

to engage in the business of vehicle repair & to sell at  
retail & wholesale automotive equipment & parts of every  
kind and description.

Date of Organization: December 31, 1986

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

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) <u>Geoffroy Smith</u>	<u>390 Lewis Farm Road</u>	<u>Greene, R.I.</u>	<u>02827</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) <u>Marilyn Smith</u>	<u>390 Lewis Farm Road</u>	<u>Greene, R.I.</u>	<u>02827</u>
<input type="checkbox"/> CLERK OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) <u>Marilyn Smith</u>	<u>390 Lewis Farm Road</u>	<u>Greene, R.I.</u>	<u>02827</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) <u>Geoffroy Smith</u>	<u>390 Lewis Farm Road</u>	<u>Greene, R.I.</u>	<u>02827</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Geoffroy Smith</u>	<u>390 Lewis Farm Road</u>	<u>Greene, R.I.</u>	<u>02827</u>
<u>Marilyn Smith</u>	<u>390 Lewis Farm Road</u>	<u>Greene, R.I.</u>	<u>02827</u>

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 600

CLASS Common

SERIES

PAR VALUE OR

WITHOUT PAR No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 600

CLASS Common

SERIES

PAR VALUE OR

WITHOUT PAR No Par Value

Date 3-9-94

By Geoffroy Smith

Geoffroy Smith  
PRINT OR TYPE NAME OF OFFICER SIGNING

President  
TITLE OF OFFICER SIGNING

Form 31 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.

ARTHUR G. CAPALDI  
1055 MAIN ST.  
COVENTRY RI 02816

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

Corporate ID 0041348 Annual Report for the year 1993

FIRST: The name of the corporation is SMITTY'S AUTO SERVICE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the business of vehicle repair and to sell at retail and wholesale automotive equipment and parts of every kind and description

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

FIFTH: Business address in Rhode Island 1035 Main Street, Coventry, R.I. 02816

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

Name	Office	Address (including number, street, zip code)
Geoffroy Smith	Director	390 Lewis Farm Road, Greene, R.I. 02827
Marilyn Smith	Director	" "
	Director	" "
Geoffroy Smith	President	" "
Marilyn Smith	Vice President	" "
Marilyn Smith	Secretary	" "
Geoffroy Smith	Treasurer	" "

SEVENTH: Number of Shares authorized:

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

EIGHTH: Number of Shares issued:

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

REC'D & FILED JUN 23 1993  
Clerk 7733

Dated FEB 26 19 93

SMITTY'S AUTO SERVICE, INC.

(Name of Corporation)

By Geoffroy Smith

Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$50.00

2226 46

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 0041342 Annual Report for the year 1992

FIRST: The name of the corporation is SMITTY'S AUTO SERVICE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the business of vehicle repair and to sell at retail and wholesale automotive equipment and parts of every kind and description.

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

FIFTH: Business address in Rhode Island 1035 Main Street, Coventry, R.I. 02816

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

Name	Office	Address (including number, street, zip code)
Geoffroy Smith	Director	390 Lewis Farm Road, Greene, R.I. 02827
Marilyn Smith	Director	" "
	Director	
Geoffroy Smith	President	" "
Marilyn Smith	Vice President	" "
Marilyn Smith	Secretary	" "
Geoffroy Smith	Treasurer	" "

SEVENTH: Number of Shares authorized:

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

MAR 06 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	SECY OF STATE	No par value

Dated 1-14 19 92

SMITTY'S AUTO SERVICE, INC.  
(Name of Corporation)

By Geoffroy M. Smith

(Report must be signed by an officer)

Title PRESIDENT

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

Corporate ID.....0041348..... Annual Report for the year.....1991.....

FIRST: The name of the corporation is.....SMITTY'S AUTO SERVICE, INC.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....to engage in the business of vehicle repair and to sell at retail and wholesale automotive equipment and parts of every kind and description.....

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

FIFTH: Business address in Rhode Island.....1035 Main Street, Coventry, R. I. 02816.....

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

Name	Office	Address (including number, street, zip code)
Geoffroy Smith	Director	390 Lewis Farm Road, Greene, R.I. 02827
Marilyn Smith	Director	" "
	Director	
Geoffroy Smith	President	" "
Marilyn Smith	Vice President	" "
Marilyn Smith	Secretary	" "
Geoffroy Smith	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	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
600	common	PAID JAN 22 1991 SECY OF STATE	no par value

Dated.....1-15..... 19 91.....

SMITTY'S AUTO SERVICE, INC.  
(Name of Corporation)

By.....Geoffroy M Smith.....

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

Corporate ID 0041348 Annual Report for the year 1990

FIRST: The name of the corporation is SMITTY'S AUTO SERVICE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the business of vehicle repair and to sell at retail and wholesale automotive equipment and parts of every kind and description.

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

FIFTH: Business address in Rhode Island 1035 Main Street, Coventry, R. I.

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

Name	Office	Address (including number, street, zip code)
Geoffroy Smith	Director	RR #1 Box A-1 Greene, R.I.
Marilyn Smith	Director	" "
	Director	" "
Geoffroy Smith	President	" "
Marilyn Smith	Vice President	" "
Marilyn Smith	Secretary	" "
Geoffroy Smith	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common	FEB 20 1990	no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par value

Dated 2-16-1990

SMITTY'S AUTO SERVICE, INC.

(Name of Corporation)

By

Geoffroy M. Smith

President



Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

# 41348

Annual Report for the year 1989

FIRST: The name of the corporation is SMITTY'S AUTO SERVICE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the business of vehicle repair and to sell at retail and wholesale automotive equipment and parts of every kind and description.

FOURTH: If foreign corporation, address of its principal office

n/a

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 35 Main St., Coventry, RI 02816

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Geoffroy Smith	Director	RR #1 Box A-1 Greene, RI 02827
Marilyn Smith	Director	" "
Geoffroy Smith	President	" "
Marilyn Smith	Vice President	" "
Marilyn Smith	Secretary	" "
Geoffroy Smith	Treasurer	" "

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par value

EIGHTH: Number of Shares issued:

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

Dated: 12-6-1989

SMITTY'S AUTO SERVICE, INC.  
(Name of Corporation)

PAID

FEB 10 1989

By Geoffroy M. Smith  
Title President

OFFICE OF STATE

(Report must be signed by an officer)

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

Filing fee: \$15.00

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

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

41348

Annual Report for the year 1988

FIRST: The name of the corporation is SMITTY'S AUTO SERVICE, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the business of vehicle repair and to sell at retail and wholesale automotive equipment and parts of every kind and description.

FOURTH: If foreign corporation, address of its principal office

n/a

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 35 Main St., Coventry, RI 02816

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Geoffroy Smith	Director	RR #1 Box A-1 Greene, RI 02827
Marilyn Smith	Director	" "
	Director	
Geoffroy Smith	President	" "
Marilyn Smith	Vice President	" "
Marilyn Smith	Secretary	" "
Geoffroy Smith	Treasurer	" "

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	common		no par value

EIGHTH: Number of Shares issued:

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

Dated: 1/20/ 19 88

SMITTY'S AUTO SERVICE, INC.

(Name of Corporation)

PAID

FEB 22 1988

SEC. OF STATE

By Geoffroy M. Smith  
Title President & Treasurer

(Report must be signed by an officer)

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