



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. 83048		2. Name of Corporation BENEFIT AUTO SALES INC.			
3. Street Address Principal Business Office 795 BROADWAY			City PROVIDENCE	State RI	Zip 02961
4. Business Phone No. 401-722-6287		5. State of Incorporation RHODE ISLAND		6. SIC Code 3335	
7. Brief Description of the Character of Business Conducted in Rhode Island FOR THE SALE AT WHOLESALE OR RETAIL OF AUTOMOBILES, TRUCKS AND VEHICLES OF EVERY TYPE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL CAITS			Vice President Name Same		
Street Address 27 DAVIS ST.			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300	NO PAR VALUE		100	NO PAR VALUE	

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



File Date: 1/4/05
Check No.: 20331
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: 1-3-05
Print or Type Name of Officer: MICHAEL J. CAITS
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 83048		2. Name of Corporation BENEFIT AUTO SALES INC.			
3. Street Address Principal Business Office 795 Broadway			City Pawtucket	State RI	Zip 02861
4. Business Phone No. 401-722-1287		5. State of Incorporation RHODE ISLAND		6. SIC Code 3335	
7. Brief Description of the Character of Business Conducted in Rhode Island FOR THE SALE AT WHOLESALE OR RETAIL OF AUTOMOBILES, TRUCKS AND VEHICLES OF EVERY TYPE.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Carls, Jr			Vice President Name Michael Carls		
Street Address 28 First St			Street Address 27 Davis St.		
City Providence	State RI	Zip 02861	City Providence	State RI	Zip 02861
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300	NO PAR VALUE		100	NO PAR VALUE	

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



* 8 3 0 4 8 *

File Date 12/31/03
Check No. 19797
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 12/29/03
John Carls, Jr
Print or Type Name of Officer
President
Title of Officer



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **83048** 2. Name of Corporation **BENEFIT AUTO SALES INC.**
3. Street Address Principal Business Office _____ City _____ State _____ Zip _____
4. Business Phone No. **795 Broadway** 5. State of Incorporation **Pawtucket RI** 6. SIC Code **02861**
401-722-6287 **RHODE ISLAND** **3335**
7. Brief Description of the Character of Business Conducted in Rhode Island

Auto Sales

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

President Name			Vice President Name		
John Caito, Jr.			Michael Caito		
Street Address			Street Address		
28 First St.			27 Davis St.		
City	State	Zip	City	State	Zip
Rehoboth	MA	02768	Rehoboth	MA	02769
Secretary Name			Treasurer Name		
Street Address			Street Address		
City			City		
State			State		
Zip			Zip		

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

Director Name			Director Name		
Street Address			Street Address		
City			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
300 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 SHS NO PAR VALUE

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



* 8 3 0 4 8 *

File Date: 1-13-03
Check No.: 19286
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer: [Signature] Date: 1/10/03
Print or Type Name of Officer: John Caito Jr

Title of Officer: President
Form 630 12/02



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. **83048** 2. Name of Corporation **BENEFIT AUTO SALES INC.**
3. Street Address Principal Business Office **795 Broadway** City **Pawtucket** State **RI** Zip **02861**
4. Business Phone No. **401-722-6287** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3335**
7. Brief Description of the Character of Business Conducted in Rhode Island

Auto Sales

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

President Name John Caito, Jr.	Vice President Name Michael Caito
Street Address 28 First St.	Street Address 27 Davis St.
City Rehoboth, State MA Zip 02769	City Rehoboth State MA Zip 02769
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name	Director Name
Street Address	Street Address
City	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
300 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 SHS NO PAR VALUE

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



File Date: 1-8-02
Check No.: 18661
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Signature of Officer [Signature] Date 1/02/02
John Caito, Jr.
Print or Type Name of Officer
President
Title of Officer
5



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. **83048** 2. Name of Corporation **BENEFIT AUTO SALES INC.**

3. Street Address Principal Business Office
795 Broadway City **Pawtucket** State **RI** Zip **02861**

4. Business Phone No. **401-722-6287** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3335**

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

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

President Name John Caito, Jr.	Vice President Name Michael Caito
Street Address 28 First St.	Street Address 27 Davis St.
City State Zip Rehoboth, Ma. MA 02769	City State Zip Rehoboth MA 02769

Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

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

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
300 SHS	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100 SHS	NO PAR VALUE	

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



* 8 3 0 4 8 *

File Date: 1/3
1137
Check No.:
By: [Signature]

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

[Signature] 1/2/01
Signature of Officer Date
John Caito, Jr.
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. **83048** 2. Name of Corporation **BENEFIT AUTO SALES INC.**
3. Street Address Principal Business Office
795 Broadway City **Pawtucket** State **RI** Zip **02861**
4. Business Phone No. **401-722-6287** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3335**

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

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

President Name John Caito Jr.	Vice President Name Michael Caito
Street Address 28 First St.	Street Address 27 Davis St.
City Rehoboth State MA Zip 02769	City Rehoboth State MA Zip 02769
Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

Director Name	Director Name
Street Address	Street Address
City	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
300 SHS NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100 SHS No Par Value

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



* 8 3 0 4 8 *

File Date: 12/24/99
Check No.: 1129
By: GAM

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

Signature of Officer: [Signature] Date: 12-22-99
Print or Type Name of Officer: John Caito, Jr.
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

<p>1. Corporate ID No. 83048</p>	<p>2. Name of Corporation BENEFIT AUTO SALES INC.</p>						
<p>3. Street Address Principal Business Office 795 BROADWAY</p>	<p>City PAWTUCKET</p> <p>State RI</p> <p>Zip 02861</p>						
<p>4. Business Phone No. 401-722-6287</p>	<p>5. State of Incorporation RHODE ISLAND</p> <p>6. SIC Code 3335</p>						
<p>7. Brief Description of the Character of Business Conducted in Rhode Island AUTO SALES</p>							
<p>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS</p>							
<p>President Name JOHN CAITO, JR.</p> <p>Street Address 28 FIRST ST.</p> <p>City REHOBOTH</p> <p>State MA</p> <p>Zip 02769</p> <p>Secretary Name</p>	<p>Vice President Name MICHAEL CAITO</p> <p>Street Address 27 DAVIS ST.</p> <p>City REHOBOTH</p> <p>State MA</p> <p>Zip 02769</p> <p>Treasurer Name</p>						
<p>Street Address</p> <p>City</p> <p>State</p> <p>Zip</p>	<p>Street Address</p> <p>City</p> <p>State</p> <p>Zip</p>						
<p>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS</p>							
<p>Director Name</p> <p>Street Address</p> <p>City</p> <p>State</p> <p>Zip</p> <p>Director Name</p> <p>Street Address</p> <p>City</p> <p>State</p> <p>Zip</p>	<p>Director Name</p> <p>Street Address</p> <p>City</p> <p>State</p> <p>Zip</p> <p>Director Name</p> <p>Street Address</p> <p>City</p> <p>State</p> <p>Zip</p>						
<p>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)</p> <p>AUTHORIZED SHARES</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Number of Shares</td> <td style="width: 33%;">Class/Series</td> <td style="width: 33%;">Par Value</td> </tr> <tr> <td>300 SHS NO PAR VALUE</td> <td></td> <td></td> </tr> </table>		Number of Shares	Class/Series	Par Value	300 SHS NO PAR VALUE		
Number of Shares	Class/Series	Par Value					
300 SHS NO PAR VALUE							
<p>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)</p> <p>ISSUED SHARES</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Number of Shares</td> <td style="width: 33%;">Class/Series</td> <td style="width: 33%;">Par Value</td> </tr> <tr> <td>100 NO PAR VALUE</td> <td></td> <td></td> </tr> </table>		Number of Shares	Class/Series	Par Value	100 NO PAR VALUE		
Number of Shares	Class/Series	Par Value					
100 NO PAR VALUE							

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



File Date: 1-4-99

Check No.: 1120

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: 12/28/98

Print or Type Name of Officer: JOHN CAITO, JR.

Title of Officer: PRE'S.

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. **83048** 2. Name of Corporation **BENEFIT AUTO SALES INC.**

3. Street Address Principal Business Office **795 Broadway** City **Pawtucket** State **RI** Zip **02861**
4. Business Phone No. **401-722-6287** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3335**

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

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

President Name John Caito, Jr.	Vice President Name Michael Caito
Street Address 28 First St.	Street Address 27 Davis St.
City Rehoboth State MA Zip 02769	City Rehoboth State MA Zip 02769

Secretary Name	Treasurer Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

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

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

AUTHORIZED SHARES	Class/Series	Par Value
300 SHS NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100 No Par Value		

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



File Date: 1-29-98
Check No.: 1100
10P

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 Caito, Jr. Date: 1/27/98

Print or Type Name of Officer: John Caito, Jr.
Title of Officer: Pres.

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) 277-31

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 83048	2. NAME OF CORPORATION BENEFIT AUTO SALES INC.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 795 Broadway		CITY Pawtucket	STATE RI
4. BUSINESS PHONE NO. 401-722-6287	5. STATE OF INCORPORATION RHODE ISLAND	ZIP CODE 02861	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Auto Sales			8. SIC CODE 3335

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME John Caito, Jr.		VICE PRESIDENT NAME Michael Caito	
STREET ADDRESS 28 First St.		STREET ADDRESS 27 Davis St.	
CITY Rehoboth	STATE MA	CITY Rehoboth	STATE MA
ZIP CODE 02769		ZIP CODE 02769	
SECRETARY NAME Michael Caito		TREASURER NAME John Caito, Jr.	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME None			
STREET ADDRESS None			
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
DIRECTOR NAME			
STREET ADDRESS			
CITY	STATE	CITY	STATE
ZIP CODE		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
300 SHS	NO PAR VALUE		100 Shares	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.

John Caito Jr.
 Signature of Officer

John Caito Jr.
 Print or Type Name of Officer

Owner

Date: 4/2/96
 Filing No: 1031
Conf up
 For Secretary of State Use Only