



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. 82650		2. Name of Corporation LUCIO'S AUTO SALES & SERVICE, INC.			
3. Street Address Principal Business Office 337 ADAM ST.		City PROV.	State RI	Zip 02900	
4. Business Phone No. 454-8181		5. State of Incorporation RHODE ISLAND RT		6. SIC Code 3335	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF SELLING USED AUTOMOBILES, PROVIDING MAINTENANCE, REPAIR AND GARAGE SERVICES FOR AUTOMOBILES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LUCIO BARONE			Vice President Name MARISA BARONE		
Street Address 36 CHRISTOPHER ST			Street Address 36 CHRISTOPHER ST		
City PROV.	State RI	Zip 02904	City PROV.	State RI	Zip 02904
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
1,000 COMM NO PAR VALUE			0 X 0 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 1/20/05  
Check No. 2281  
By: V.  
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  
LUCIO BARONE  
Date 1/14/05  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



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

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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>82650</b>		2. Name of Corporation <b>LUCIO'S AUTO SALES &amp; SERVICE, INC.</b>			
3. Street Address Principal Business Office <b>337 ADMIRAL ST.</b>		City <b>PROV.</b>	State <b>R.I.</b>	Zip <b>02908</b>	
4. Business Phone No. <b>454-5181</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>3335</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TO ENGAGE IN THE BUSINESS OF SELLING USED AUTOMOBILES, PROVIDING MAINTENANCE, REPAIR AND GARAGE SERVICES FOR AUTOMOBILES</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>LUCIO - BIAZONIE</b>		Vice President Name <b>171921519 - BIAZONIE</b>			
Street Address <b>36 CHRISTOPHER ST</b>		Street Address <b>36 CHRISTOPHER ST</b>			
City <b>PROV.</b>	State <b>R.I.</b>	Zip <b>02908</b>	City <b>PROV.</b>	State <b>R.I.</b>	Zip <b>02908</b>
Secretary Name <b>---</b>		Treasurer Name <b>---</b>			
Street Address <b>---</b>		Street Address <b>---</b>			
City <b>---</b>	State <b>---</b>	Zip <b>---</b>	City <b>---</b>	State <b>---</b>	Zip <b>---</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>LUCIO - BIAZONIE</b>		Director Name <b>---</b>			
Street Address <b>36 CHRISTOPHER ST.</b>		Street Address <b>---</b>			
City <b>PROV.</b>	State <b>R.I.</b>	Zip <b>02908</b>	City <b>---</b>	State <b>---</b>	Zip <b>---</b>
Director Name <b>---</b>		Director Name <b>---</b>			
Street Address <b>---</b>		Street Address <b>---</b>			
City <b>---</b>	State <b>---</b>	Zip <b>---</b>	City <b>---</b>	State <b>---</b>	Zip <b>---</b>
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 COMM NO PAR VALUE</b>			<b>0</b>		

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



**FILED**

File Date **JAN 16 2004**  
Check No. **By m16929**

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.

**LUCIO BIAZONIE** 1/2/04  
Signature of Officer Date

**LUCIO - BIAZONIE**  
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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

82650

LUCIO'S AUTO SALES & SERVICE, INC.

3. Street Address Principal Business Office

337 ADMINA ST.

City

PROV.

State

R.I.

Zip

02908

4. Business Phone No.

401-454-8181

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3335

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

AUTO-SALES - MECHANICS

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

LUCIO BRANDE

Vice President Name

MARISA BRANDE

Street Address

36 CHRISTOPHER ST.

Street Address

36 CHRISTOPHER ST.

City

PROV.

State

R.I.

Zip

02904

City

PROV.

State

R.I.

Zip

02904

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)

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

AUTHORIZED SHARES

1,000 NO PAR VALUE

ISSUED SHARES

0

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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



\* 8 2 6 5 0 \*

File Date: 1-14-03

Check No.: 1888

By: AMF

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: Lucio Brande Date: 1/13/03

Print or Type Name of Officer: LUCIO BRANDE

Title of Officer: PRESIDENT

Form 630 12/02



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. 82650 2. Name of Corporation LUCIO'S AUTO SALES & SERVICE, INC.  
3. Street Address Principal Business Office 337 ADMIRAL ST City PROV. State RI Zip 02908  
4. Business Phone No. 454-8181 5. State of Incorporation RHODE ISLAND 6. SIC Code 3335  
7. Brief Description of the Character of Business Conducted in Rhode Island MECHANICAL - AUTO SALES

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

President Name LUCIO - BARNONE	Vice President Name MARISA - BARNONE
Street Address 36 CHRISTOPHER ST	Street Address 36 CHRISTOPHER ST
City PROV. State RI Zip 02904	City PROV. State RI Zip 02904
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
1,000 COMM NO PAR VALUE		

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

ISSUED SHARES 0

Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 2 6 5 0 \*

File Date: 1/16/2002

Check No.: 1686

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.

Lucio Barnone 1/8/02  
Signature of Officer Date

LUCIO - BARNONE  
Print or Type Name of Officer

PR ESIDENT  
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. **82650** 2. Name of Corporation **LUCIO'S AUTO SALES & SERVICE, INC.**  
3. Street Address Principal Business Office **337 ADMIRAL ST.** City **PROV.** State **R.I.** Zip **02908**  
4. Business Phone No. **401-454-8181** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3335**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**MECHANICAL**

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

President Name <b>LUCIO BARONE</b>	Vice President Name <b>MARISA BARONE</b>
Street Address <b>36 CHRISTOPHER ST.</b>	Street Address <b>36 CHRISTOPHER ST.</b>
City <b>PROV.</b> State <b>R.I.</b> Zip <b>02904</b>	City <b>PROV.</b> State <b>R.I.</b> Zip <b>02904</b>
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
------------------	--------------	-----------

**1,000 SHS COMM NO PAR VAL**

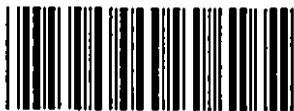
**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

**ISSUED SHARES**

Number of Shares	Class/Series	Par Value
------------------	--------------	-----------

**0**

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



\* 8 2 6 5 0 \*

File Date: **FEB 02 2001**

Check No.: **1506**

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]** **2-7-01**  
Signature of Officer Date

Print or Type Name of Officer

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



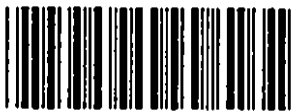
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>82650</b>		2. Name of Corporation <b>LUCIO'S AUTO SALES &amp; SERVICE, INC.</b>	
3. Street Address Principal Business Office <b>337 AOMINAL ST</b>		City <b>PROV.</b>	State <b>R.I.</b>
4. Business Phone No. <b>401-454-8181</b>		5. State of Incorporation <b>RHODE ISLAND</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>AUTO SALES &amp; SERVICE</b>		6. SIC Code <b>3335</b>	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
President Name <b>LUCIO - BARONE</b>		Vice President Name <b>MARISA - BARONE</b>	
Street Address <b>36 CHRISTOPHER ST</b>		Street Address <b>36 CHRISTOPHER ST</b>	
City <b>PROV.</b>	State <b>R.I.</b>	City <b>PROV.</b>	State <b>R.I.</b>
Zip <b>02904</b>		Zip <b>02904</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
Par Value		Par Value	
<b>1,000 SHS COMM NO PAR VAL</b>		<b>1</b>	

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



\* 8 2 6 5 0 \*

File Date: FEB 01 2000

Check No.: FEB 01 2000

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 1/14/00  
Signature of Officer Date

LUCIO - BARONE  
Print or Type Name of Officer

PRESIDENT  
Title of Officer



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

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

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>82650</b>		2. Name of Corporation <b>LUCIO'S AUTO SALES &amp; SERVICE, INC.</b>			
3. Street Address Principal Business Office <b>337 ADMIRAL ST</b>		City <b>PROV.</b>	State <b>R.I.</b>	Zip <b>02908</b>	
4. Business Phone No. <b>401-454-8181</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>3335</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>AUTO MAINTENANCE AND SALES</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>LUCIO-BHARNE</b>			Vice President Name <b>MARISA-BHARNE</b>		
Street Address <b>36 CHRISTOPHER ST</b>			Street Address <b>36 CHRISTOPHER ST</b>		
City <b>PROV.</b>	State <b>R.I.</b>	Zip <b>02904</b>	City <b>PROV.</b>	State <b>R.I.</b>	Zip <b>02904</b>
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) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
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)			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
<b>1,000 SHS COMM NO PAR VAL</b>			<b>1,000</b>	<b>SHS</b>	<b>NO PAR VAL</b>

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



\* 8 2 6 5 0 \*

**FILED**

File Date: **JAN 07 1999**  
Check No.:  
By: **CCMO**

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.

**LUCIO-BHARNE** 1/7/99  
Signature of Officer Date  
**LUCIO-BHARNE**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer

# 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. <b>82650</b>		2. Name of Corporation <b>LUCIO'S AUTO SALES &amp; SERVICE, INC.</b>	
3. Street Address Principal Business Office <b>337 ADMIRAL ST</b>		City <b>PROV</b>	State <b>RI</b>
4. Business Phone No. <b>454-8181</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>3335</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>AUTO SERVICE AND SALES</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name <b>LUCIO - BHRONE</b>		Vice President Name <b>MARISA - BHRONE</b>	
Street Address <b>36 CHRISTOPHER ST</b>		Street Address <b>36 CHRISTOPHER ST</b>	
City <b>PROV.</b>	State <b>RI</b>	City <b>PROV.</b>	State <b>RI</b>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>	
Director Name		ISSUED SHARES	
Street Address		Number of Shares	
City	State	Class/Series	
Director Name		Par Value	
Street Address		1,000 SHS COMM NO PAR VAL	
City	State		
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name		Number of Shares	
Street Address		Class/Series	
City	State	Par Value	
Director Name		1,000 SHS	
Street Address		NO PAR VAL	
City	State		

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



File Date: 1/20/98  
Check No.: 635  
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: \_\_\_\_\_  
Print or Type Name of Officer: LUCIO - BHRONE  
Title of Officer: PRESIDENT





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

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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>82650</b>		2. Name of Corporation <b>LUCIO'S AUTO SALES &amp; SERVICE, INC.</b>	
3. Street Address Principal Business Office <b>337 ADMIRAL ST.</b>		City <b>PROV.</b>	State <b>R.I.</b>
4. Business Phone No. <b>454-8181</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>3335</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>AUTO SALES &amp; SERVICE</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name <b>LUCIO - BARONE</b>		Vice President Name <b>MARISA - BARONE</b>	
Street Address <b>36 CHRISTOPHER ST.</b>		Street Address <b>36 CHRISTOPHER ST</b>	
City <b>PROV.</b>	State <b>R.I.</b>	City <b>PROV.</b>	State <b>R.I.</b>
Zip <b>02904</b>		Zip <b>02904</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
<b>1,000 SHS COMM NO PAR VAL</b>			<b>0</b>

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



\* 8 2 6 5 0 \*

File Date: **1-6-97**  
Check No.: **452**  
By: **LB**

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: **Lucio Barone** Date: **1/2/97**  
Print or Type Name of Officer: **LUCIO - BARONE**  
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. 82650		2. NAME OF CORPORATION LUCIO'S AUTO SALES & SERVICE, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 337 ADMIRAL ST		CITY PROV.	STATE R.I.
		ZIP CODE 02908	
4. BUSINESS PHONE NO. 454-8181		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 3335	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED BY RHODE ISLAND MICHAEL'S AUTO SALES			
8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME LUCIO - BARONE		VICE PRESIDENT NAME MARISA - BARONE	
STREET ADDRESS 36 CHRISTOPHER ST		STREET ADDRESS 36 CHRISTOPHER ST	
CITY PROV.	STATE R.I.	CITY PROV.	STATE R.I.
ZIP CODE 02904		ZIP CODE 02904	
SECRETARY NAME		TREASURER NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE
ZIP CODE		ZIP CODE	
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	PAR VALUE	NUMBER OF SHARES
1,000 SHS COMM NO PAR VAL			NONE

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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

File Date: 2-13-96

Check No: 307

By: *[Signature]*

For Secretary of State Use Only

*[Signature: Lucio Barone]*  
Signature of Officer

LUCIO - BARONE  
Print or Type Name of Officer

PRESIDENT  
Title of Officer

2/13/96  
Date

DETACH BOTTOM BEFORE RETURNING