

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 02905-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ______ 2005

Filling Period: January 1 - Me (FORM MUST BE TYPED OR PRIN		Fec: \$50.00				
1. Corporate ID No	2. Name of Corporation					
40953	CRANSTON COL	LISION CENTER SALE	ES AND SERVICE, INC.			
3. Street Address Principal Business O	Tice	•	City	State	Zıp	111111
30 WAInu	Grove (due_	Cranstin	KI	02920	b '
4. Business Phone No.		5 State of Incorporation		,	G. SIC Code	
	- 3586	RHODE ISLAND			8953	
7. Brief Description of the Chamcter of AUTO REPAIR	of Business Conducted in I	Phode Island			1	. •
8. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA	ACHMENT) FILL IN	SPACES BEFORE USING A	TTACHMENTS	•
Dennis @	Samba		Sharm	- gamba		
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9. NAMES AND ADDRESSES Director Name	OF THE DIRECTOR	S: ("X" BOX FOR AT		IN SPACES BEFORE USING	ATTACHMENT	rs
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Street Address			Street Address			 :
City	State	Zip	City	State	Zip	1111
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Director Name			Director Name			! .
Street Address	<u> </u>		Street Address	-		
City	State	Zip	Ca).	State	Zψ	
10. SHARES AUTHORIZED	("X" BOX FOR ATTA	ICHMENT)	_ · · 	("X" BOX FOR ATTACHM	EN <u>T</u> ') 🗌 🤺	
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rins report must be s	igned in mix by chin	i the riesident, vice r	resident. Secretary, Assist	ant Secretary, Treasurer, Re	ceiver or irusie	ec.
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				erjury, I declare and affirm that mpanying schedules and statem		
	· · · · · · · · · · · · · · · · · · ·]	contained herein ar	e true and correct.		i. II
File Date / -/ \$2	-05		$\triangle ha$	nn hamba	_	
/	2 C J		Signature of Officer	()	Date	, ,
Check No	<u> </u>		· alh	ARIN GAMB	4	•
By:	de		Print or Type Name			
			Vico	than don't		
FOR SECRETARY OF STA	TE USE ONLY	_	Title of Officer	- Just wall		
					Form 630 Rev	12/03



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 PRIN		mg 100. 350.00			
Corporate ID No.	2 Name of Corporate		· <u> , - , - , - , - , - , - , - , - , </u>		
40953	CRANSTON	COLLISION CENTER S	ALES AND SERVICE, INC.		
3.0 U.S. Principal Business C	•		City	State	Zip
30 Walnut Grove 1. Business Phone No.	<u> Avenue</u>	5. State of Incorporatio	Cranston	RI	02920
401-943-3586					6 SIC Code
7. Brief Description of the Character (of Business Conducted (RHODE ISLAN n Rhode Island	ND		8953
	OF THE OFFICER	IS: ("X" BOX FOR AT	TACHMENT) TILL IN SE	PACES REFORE USING	2 ATTACHMENTS * -
President Name		(Vice President Name	Melo Bel ORE Control	THE PARTY OF THE P
Dennis Gamba			Sharon Gamba	a	
Street Address	<u> </u>		Street Address		
106 Mourning Do			106 Mourning	g Dove Drive	
ાણ Saunderstown	State RI	Zip	City	State	Zip
******	T KI	02874	Saunderstown	RI	02874
Sharon Camba			Treasurer Name		
Sharon Gamba			Dennis Gamba		 _
and Mouring Dov	e Drive		Street Address	Da D :	
or Modifing Dov	State	1976	106 Mourning [
,		Zip	City	State	Zip
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irret Address			Street Address		
City	State	Zip	Gity	State	Zíp
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Director Name	***************************************	• • • • • • • • • • • • • • • • • • • •	Director Name		
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AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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1,000 COMM NO PAR TAL			400	Common	None
					
This report must be s	igned in ink by ci	ther the President, Vice	e President, Secretary, Assistant	t Secretary, Treasurer.	Receiver or Trustee
	<u> </u>				
					hat I have examined this rep
*_/	0 9 5 3	*			ements, and that all statem
2/2-/21			contained herein afe tr	rue and correct.	/
File Date		-	/11/Q	nn Jai	m/e 21/8
au 4917			Signature of Officer		Date
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_{By:} B _i			Print or Type Name of	Pfficer ,	
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FOR SECRETARY OF STA	ATE USE ONLY		Title of Officer /	an ten	
			run oj ogjatir j		Form 630 Rev. 12/03

CRANSTON COLLISION CENTER SALES AND SERVICE, INC.

MINUTES OF THE ANNUAL MEETING OF THE SHAREHOLDERS

An annual meeting of the shareholders of CRANSTON COLLISION CENTER SALES AND SERVICE, INC., was called to order at the office of the corporation on the 14th day of January, 2004, for the purpose of electing the Officers for the corporation and transacting any other business that may properly come before said meeting.

It appeared that the shareholders were present and had signed a waiver of notice of this meeting, which is annexed hereto.

Upon motion duly made, it was unanimously

VOTED:

That the following are hereby elected to be the Officers of the corporation:

President Vice President Treasurer Secretary DENNIS GAMBA SHARON GAMBA DENNIS GAMBA SHARON GAMBA

VOTED:

That all the activities for and on behalf of the corporation by its respective shareholders and/or officers are hereby ratified and confirmed.

VOTED:

To adjourn.

DENNIS GAMB

SHARON GAMBA

CRANSTON COLLISION CENTER SALES AND SERVICE, INC. WAIVER OF NOTICE

The undersigned, being the shareholders of CRANSTON COLLISION CENTER SALES AND SERVICE, INC., hereby waives notice of the annual meeting of the shareholders to be held at the office of the corporation on the 14 day of January, 2004 for the purpose of electing the Officers for the corporation and transacting any other business that may properly come before said meeting.

DENNIS GAMBA

SHARON GAMBA



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 2003

1. Corporate ID No. *40953*	2. Name of Corporat CRANSTON C	R SALES AND SERVIC	ERVICE, INC.		
3. Street Address Principal E			City	State	Zip
30 WALNUT GROVE	AVENUE		CRANSTON	RI	02920
f. Business Phone No. 4019433586		5. State of Incorporation RHODE ISLANE			6. SIC Code 8953
	haracter of Business Condu		, 		_1
AUTO REPAIR	and deter by manies, condu	ite in imperior			
8. NAMES AND ADDR	ESSES OF THE OFFIC	ERS ("N" BOX FOR AT	TACHMENT) FILL IN S	PACES BEFORE USING ATT	ACHMENTS
President Name	0 . 1	# · · · # · · · · · ·	Vice President Name	\mathcal{O}	
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	incha Irona	λλ	Street Address	on toing have	, 11
_106 Mow	State	J/1 ·		lowning Done	Zin
" Saunau	other 27	02874	: Saunderon	tour RI	02874
Secretary Kinfe	0.		Treasurer-Name		<i> </i>
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Saunderstru	a RZ	10787A	Saundusta	n Pt	12874
9. NAMES AND ADDR	ESSES OF THE DIRE	CTORS ("X" BOX FOR	ATTACHMENT) FILL IN	SPACES BEFORE USING AT	TTACHMENTS
Director Name			Director Name		
Street Address			Street Address		
City	Siate	Zip	·······································	State	Zip
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Director Name		l 	Director Nume		
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Street Address			Sireei Address		
City	State	Zip	.City	State	Zip
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10. SHARES AUTHOR	RIZED ("X" BOX FOR A	TACHMENT)	11. SHARES ISSUED (X" BOX FOR ATTACHMENT	
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value
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This report must be si	gned in ink by either	the President, Vice I	President, Secretary, Ass	sistant Secretary, Treasur	er, Receiver or Tru
•	•		•	•	
1 100331 01011					
			Under penalty of p	erjury, I declare and affirm th	nat I have examined
		_	this report, includi	ng any accompanying schedu	iles and statements,
*40953 DBC3/7/(5	B&4₽D		and that all statem	ents contained herein are true	and correct.
File Date			/)/Y	any Ilan	1/11 - 3/3
	R 2 6 2003		Signature of Officer	Di Di	ate Ja
Check No.				Tarin GAN	nra
By_(OM. 30h2		Print or Type Name	of Officer	
$B_{\underline{Y}_{i}}$	<u> </u>		1/10	thiniden -	/-
FOR SECRETARY OF ST	ATE USE ONLY	_	Title of Officer	-/cua cun	Form 630

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

(FODM MUST OF THOSE OF	, N. n c.v.1	, , , , , , , , , , , , , , , , , , , ,			INSTRUCT
(FORM MUST BE TYPED II 1. Corporate ID No.	N BLACK) 2. Name of Corpo	ation		~	
40953	•	N COLLISION CENTER SA	LES AND SERVICE INC		
3. Street Address Principal Bu	siness Office	O COLLISION CENTER SA	City	State	Zip
30 Waln	jut growe	. Cul. 5. State of Incorporation	Cransta	N RI	02920 6. SIC Code
401 - 94	3 - 35 86 aracter of Business Conducted	RHODE ISLANI			8953
	PRESSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
President Name Denni:	s gamba	_	Vice President Name 5hatt	on gambe	_
city 100 M	lurning Do	ne Dr.	Street Address	Mourning !	Done Dr.
Secretary Nume	devotrum R	t 02874	Saun deux	otrun RE	10287Y
Street Address DNC	inni gan	nle	Street Address	is gamba	<u> </u>
106 Mn	winking Da	ue M	100 Mou	rnag Done	OA ·
9. NAMES AND ADD Director Name	PRESSES OF THE DIR	ECTORS ("X" HOX FOR ATT	· Dum deud ACHMENT) FILL IN SPA Director Name	CES BEFORE USING AT	02874 FACHMENTS
•					
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 AUTHOR	HZED (*X* BOX FOR ATI	"ACHMENT")	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	(T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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inis report must be s	signed in ink by eit	her the President, Vice	President, Secretary, As	sistant Secretary, Treas	surer, Receiver or Trus



File Date:	1-14-02	
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Check No.:	De	
Py:	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.
- Jhann summ //11/12
Signature of Officer Date
Sharin (g-Amisa
Print or Type Name of Officer
Vice tresident
Title of Officei
Form 630 12/01

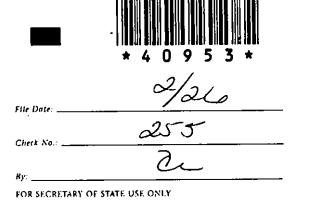
(FORM MUST BE TYPED IN BLACK)

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

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1. Carporate ID40953	² CRXNSTUN ^{et}	COLLISION CENTER	SALES AND SERVICE,	INC.	
3. Street Address Principal Business Off	ice.		City	State	Zip
30 Walnut Grove Av 4. Business Phone No.	venue	5. KHOBE YSLAND	Cranston	RI	02920 6 8955
401-943-3586 7. Brief Description of the Character of	Business Conducted in	Rhode Island			
Auto Repair 8. NAMES AND ADDRESSE President Name	S OF THE OFFI	CERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES BEFO Vice President Name	ORE USING ATTACE	IMENTS
Dennis Gambas.			· Sharon Gamba Street Address		
106 Mourning Dove	Drive State	Zip	106 Mourning Dove	Drive State	Zip
Saunderstown,	RI	02874	Saunderstown Treasurer Name	RI .	02874
Sharon Gamba			Dennis Gamba?		
106 Mourning Dove	Driven	Zip	106 Mourning Dove	Drive State	Zip
Saunderstown 9. NAMES AND ADDRESSE Director Name	RI S OF THE DIRE	02874 ECTORS (*X* BOX FOR ATTA	Saunderstown CHMENT) FILL IN SPACES BI Director Name	RI efore using atta	O2874 CHMENTS
None Street Address	-		Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		•
Street Address			Street Address		
Clly	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	(*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" I ISSUED SHARES	BOX FOR ATTACHMENT	7)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 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 kerein are true and correct.

Title of Officer

CRANSTON COLLISION CENTER SALES AND SERVICE, INC.

MINUTES OF THE ANNUAL MEETING OF THE SHAREHOLDERS

An annual meeting of the shareholders of CRANSTON COLLISION CENTER SALES AND SERVICE, INC., was called to order at the office of the corporation on the 17th day of January, 2001, for the purpose of electing the Officers for the corporation and transacting any other business that may properly come before said meeting.

It appeared that the shareholders were present and had signed a waiver of notice of this meeting, which is annexed hereto.

Upon motion duly made, it was unanimously

<u>VOTED</u>: That the following are hereby elected to be the Officers of the corporation:

President DENNIS GAMBA
Vice President SHARON GAMBA
Treasurer DENNIS GAMBA
Secretary SHARON GAMBA

<u>VOTED</u>: That all the activities for and on behalf of the corporation by its respective

shareholders and/or officers are hereby ratified and confirmed.

<u>VOTED</u>: To adjourn.

DENNIS GAMBA

SHARON GAMB

CRANSTON COLLISION CENTER SALES AND SERVICE, INC.

WAIVER OF NOTICE

The undersigned, being the shareholders of CRANSTON COLLISION CENTER SALES AND SERVICE, INC., hereby waives notice of the annual meeting of the shareholders to be held at the office of the corporation on the 17th day of January, 2001, for the purpose of electing the Officers for the corporation and transacting any other business that may properly come before said meeting.

DENNIS GAMBA

SHARON GAMBA

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)



	•	ation			
40953	CRANSTON	COLLISION CENTER	SALES AND SERVIC	E, INC.	
Street Address Principal Business			City·	State	Zip
0 Walnut Grove	Avenue		Cranston	RI	02920
F. Business Phane No.		. S. State of Incorporation			6. SIC Code
01-943-3586		RHODE ISLAND			8953
. Brief Description of the Characte	r of Business Conducted	In Rhode Island			
uto Repair					
B. NAMES AND ADDRES	SES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACE	S BEFORE USING ATTAC	HMENTS
resident Name	- ·		Vice President Name		
Dennis Gamba			Sharon Gamba		
Street Address			Street Address		
.06 Mourning Do	ve Drive		106 Mourning	Dove Drive	
City	State	Zip	City	State	Zip
Saunderstown	RI	02874	Saunderstown	RI	02874
ecretary Name			Treasurer Name		
Sharon Gamba			Dennis Gamba		
treet Address			Street Address		
.06 Mourning Do	ve Drive		106 Mourning	Dove Drive	
City	State	Zip	Clb	State	Zip
Saunderstown	RI	02874	Saunderstown	RI	02874
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Director Name	••••••		Director Name		
treet Address			Street Address		
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ile Date:	3/20/00
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· ———	OF STATE USE ONLY

Onder penalty of perjuty, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, and
that all statements contained nerein are true and correct.
J3-90
Signature of Officer Date
V DELLIS GAMBA
Print or Type Name of Officer
1-na S
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

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



CONTRACT BE TYPED IN BY		ing ree: 350.00			INSTRUCTIONS
(FORM MUST BE TYPED IN BLAC 1. Corporate ID No.	2. Name of Corporation		······································	·· ························ ·····	
40953	CRANSTON CO	DLLISION CENTER	SALES AND SERVICE	, INC.	,
3. Street Address Principal Business ($i \cap i$	Λ '	City	State	Zip
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4. Rusiness Phone No. HOI - QUZ-	264.	/S. State of Incorporation RHODE ISLAN	h		6. SIC Code 8953
7. Brief Description of the Character	Of Business Conducted in Pho				0850
Auto R	ODAIR _	, (), (), ()	•		
8. NAMES AND ADDRESS		S (*X* BOX FOR ATTACE	MENT) FILL IN SPACES BE	FORE USING ATTACHM	IENTS
President Name			Vice President Name	<u> </u>	·
Jennis_	Camba_		Sharr	Sam bu	
1010 Mourus	a Dag T	١٨ ٠	Sueci Address	None Drive	· .
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Munderde	「アセ	プロスタクリ	Sundantaun	3,000	2ip ~ >571/
Secretary Nampe			Treasurer Name		
Shanm	samba.		Dennis	Jamsa	•
Street Address			Street Address	-(- <u>\</u> -\-'.'.	
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City /	State	Zip	City /	State	Zip
9. NAMES AND ADDRESS	US OF THE DIRECT	OUS GVEROV FOR ATER	criterial (al Fila extender)	historia i de la compania del compania de la compania del compania de la compania del compania de la compania del compania de la compania del compania d	
Director Name	SES OF THE DIRECTO	JRS CASHOX FOR ALIA	: Director Name	BEFORE USING ATTACE	IMENIS
	7 .		nor	18	•
Street Address			Street Address		
	<u>.</u>				
City	State	Zip	City	State	Zip
Director Name		***************************************	•		••••••
			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES) ("X" BOX FOR ATTACHM	ENT)	11. SHARES ISSUED ('X'	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Charles .	
		707 10/02	Number of Shares	Class/Series	Par Value
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This report must be signe	e d in ink by either t	he President, Vice P	resident, Secretary, Assist	ant Secretary, Treasure	r, Receiver or Trustee
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11951		* 4		any accompanying schedu	
1-10-9	9.		that all statements cor	ntained herein are true and	d correct.

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 BLA	CK)				
1. Corporate ID No.	2. Name of Corpora	tion			
40953 3. Street Address Principal Business	CRANSTON Office	COLLISION CENTER	SALES AND SERVICE,	INC.	Zip
30 Walnut Grove 4. Business Phone No. 401-943-3586	Avenue	5. State of Incorporation Rhode Islan		RI	02920 6. sic code 8953
7. Brief Description of the Character	of Business Conducted i	n Rhode Island			
Auto Repair 8. NAMES AND ADDRES President Name	ses of the off	CERS ("X" BOX FOR ATTA	CHMENT) Vice President Name	-	-
DENNIS GAMBA Street Address			SHARON GAMBA Street Address		
106 Morning Dove	Drive State	Zip	106 Morning Dove	e Drive	Zip
Saunderstown Secretary Name	RI	02874	Saunderstown .	RI	02874
SHARON GAMBA Street Address			DENNIS GAMBA Street Address		
106 Morning Dvoe	Drive State	Zip	106 Morning Dove	e Drive	Zip
Saunderstown 9. NAMES AND ADDRES Director Name	RI SES OF THE DIR	O2874 ECTORS (*x= BOX FOR AT	Saunderstown TACHMENT) Director Name	RI -	. 02874
Street Address			Street Address		July 20
City	State	Zip	City	State	TELP 13
Director Name			Director Name		ය දිදිලි
Street Address			Street Address		HJ 50
City	State	Zip	City	State	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10. SHARES AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (* ISSUED STARES	X" BOX FOR ATTACHMEN	17.
Number of Shares	Class/Series	Par Value	' 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

	Under penalty of perjury, I declare and affirm that I have examined
	this report, including any accompanying schedules and statements, and
\sim 1 .	that all statements contained herein are true and correct.
File Date:	1 Winn Samb 6:15.98
LINUC2	Signature of Difficer Date
Check No.: 012785	Sharon 6Amba
sve Y J D	Print or Type Name of Offices
	Y. These dent
FOR SECRETARY OF STATE USE ONLY	Title of Officer

CRANSTON COLLISION CENTER SALES AND SERVICE, INC.

MINUTES OF THE ANNUAL MEETING OF THE SHAREHOLDERS

An annual meeting of the shareholders of CRANSTON COLLISION CENTER SALES
An annual meeting of the shareholders of CRANSTON COLLISION CENTER SALES AND SERVICE, INC., was called to order at the office of the corporation on the
day of, 1998, for the purpose of electing the Officers for the corporation
and transacting any other business that may properly come before said meeting.

It appeared that the shareholders were present and had signed a waiver of notice of this meeting, which is annexed hereto.

Upon motion duly made, it was unanimously

That the following are hereby elected to be the Officers of the corporation: VOTED

> President DENNIS GAMBA Vice President SHARON GAMBA Treasurer **DENNIS GAMBA** Secretary SHARON GAMBA

VOTED:

That all the activities for and on behalf of the corporation by its respective

shareholders and/or officers are hereby ratified and confirmed.

VOTED:

To adjourn.

CRANSTON COLLISION CENTER SALES AND SERVICE, INC. WAIVER OF NOTICE

The undersigned, being the shareholders of CRANSTON COLLISION CENTER SALES
AND SERVICE, INC., hereby waives notice of the annual meeting of the shareholders to be held
at the office of the corporation on the 15. day of June . 1998, for the
purpose of electing the Officers for the corporation and transacting any other business that may
properly come before said meeting.

DENNIS GAMBA

SHARON GAMBA



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. 2. Name of Corporation 40953 CRANSTON COLLISION CENTER SALES AND SERVICE, INC. **RHODE ISLAND** 8953 of the Character of Business Conducted in Rhode Island 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) · President Name State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name . Director Name Street Address Street Address City State State Zip Director Name Director Name Street Address Street Address City City State ZIp 10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES SSUFED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1000 SHS NO PAR COM 400

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

* 4 0 9 5 3 *	Under penalty of perjury, I declare and affirm that I have examined
File Date:	this report, including any accompanying schedules and statements, an that all statements contained herein are true and correct.
Check No.: 10009	Signature of Officer Dute AMBA Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer Vice Mesident

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

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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 Fcc \$50.00

Make Checks Payable to: Secretary of State

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

Corporate ID: 0040953	Annual Report	for the year: <u>1995</u>	
Name of Corporation:CRANSTON_COLL	_ISION CENTER SALES A	ND SERVICE, INC	
Business entity organized under the laws of the State of: _	.)	ntity is (check one):	
For foreign entity, address and telephone number of princi	· 	ess Corporation (See RIGL Chapter 7	-1.1)
		sional Service Corporation (See RIGI	·
			•
	Brief statem	ent of the character of business condi	acted in Rhode Island:
Phone: ()		to repair	
Address and telephone of the principal office of business elliand (Provide street address - Not P.O. Box):	entity in Rhode		
Tsiand (Provide street address - Not P.O. Box):			
131 Fletcher augue			
_Cranstax_RI 02920	Terrorial Carterial (1)	Barrier Lander Carrier	
CranstalRI02920_ Phone: (401) 943-3586			
PRESIDENT	THE NAMES OF THE OFFICERS STREET ADDRESS		
	11/2 MALL DING	CITYSTATE	ZIP CODE
VICE PRESIDENT	STREET ADDRESS	CITYSTATE	W KT (P) 2/1
MMMM GAMBIA	11	er carbana.	// ZIP CODE
SECRETARY	STREET ADDRESS	CITY/STATE	7JP CODE
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	HE NAMES OF THE DIRECTOR		
	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITYSTATE	ZJP CODE
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Date _ +> B 20 19 9	5 Bv: Jhann	Jum ba	
	/ CARON	SAMBA	
Form 21 1895	PRINT OR TYPE SAME OF OFFICE	1909dent	
Form 31 1/95	TITLE OF OFFICER SIGNING		
	REGISTERED AGENT, FOR SER		
PLEASE NOTE: If the registered office and/or registered	d agent indicated below is incorrect, Forn	n 9 must be filed.	

DENNIS GAMBA

131 FLETCHER AVE.

CRANSTON

RI 02920 **FILED**

B/_ DO

bring Fee \$50.00 Payable to Secretary of State

PLEASE TYPE or PRINT

File Annually
Ons LLC Sept. 1 - Nov. 1
CORP. Lat. 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

Corporate ID: 100H0953	Annual Report for the year
Name of Business Entity Cranstin Collision	Center Sale + Services Inc
Business entity organized under the laws of the State of R . \mathcal{I}	Business Entity is (check one)
Pederal Taxpayer Identification Number	Business Corporation (See RIGL Chapter 7-1.1)
	[] Professional Service Corporation (See RIGL Chapter 7.5.1) [] Limited Enablity 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.
· ·	Sharun L. gamba
<u> </u>	131 = 1etcher (lue
Phone ()	
Address and telephone of the principal office of business critity in Rhode Liland (Provide street address - Not P.O. Box)	Brief statement of the character of business conducted in Rhode Island
131 Fletcher Avenue	Auto Repair
	I
	Date of Organization 12.1.86
Prone (401) 943-7262	Date of Qualification to do business in Rhode Island (if foreign entity)
	· <u></u>
THE NAMES OF T	HE OFFICERS ARE:
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DESIGNATED REGISTERED OR RESID	ENT AGENT FOR SERVICE OF PROCESS:
PLEASE NOTE. It the Corporation has changed its registered office and/or re-	
	part of a state of the state of
Service of the Control of the Contro	Salar Carlos Company
	HEC 2 1 1894

Form 31 1/85

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 Annual Report for the year

Corporate ID 0040	953	Annual Report for the y	car 1983
The name of the		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
SECOND: It is incorpor	ated under the laws of	State of Rhode Island	
THIRD: Character of b	usiness, briefly stated, is	s AUTOBODY REPAIR	
FOURTH: If foreign con	poration, address of its	principal office	······
FIFTH: Business addres	s in Rhode Island	131 FLETCHER AVENUE, CRANSTI	DN, RI 02920
SIXTH: Names and add	Iresses of its directors a		(Attach rider if necessary) per, street, zip code)
	Director		
	Director		
DENNIS GAMBA	President	.106. MORNING DOVE DRIVE,	SAUNDERSTOWN, RI
SHARON GAMBA	Vice Presi	ident 106 MURNING DOVE DRIVE,	SAUNDERSTOWN, RI
	Secretary		
······	Treasurer		
SEVENTH: Number of S	Shares authorized:		Par Value or statement that
No. of Shares	Class	Series : .	shares are without par value
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No of Shares	Class	COVORUMAL Series	or statement that shares are without par value
utedFøbruaryLl.,	.1993. 19	CRANSIONCOLLISIONCENTER (Name of Corporation)	SALES & SERVICE, INC.
(Report must be signe	d by an officer)	Title VICE PRESIDENT	1.00

Filing Fee \$50.00

Form 31 1/85

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

porate ID	040952	Annual Report for the y	/ear <u>1992</u>	
FIRST: The name of the corporation is		OSANSTON COLLISION CHANCE SALES AY		
***********************************	porated under the laws ofSIE	TE OF RHODE ISLAND		
	f business, briefly stated, is AUJ			
FOURTH: If foreign	corporation, address of its princi	pal office		
FIFTH: Business add	dress in Rhode Island1.31 .ELE	ICHER AVENUE CRANSTON, F		
SIXTH: Names and	addresses of its directors and off	Cers: Address (including num	(Attach rider if necessary	
······	Director			
	Director		,	
	Director			
DENNIS GAMBA	President .	1ROTONDO-AVENUE-ERANS	JON, A.I.	
SHARDN GAMBA	Vice President	1. ROTONDO. AVENUECRANS	TON, R.I.	
··· · · · · · · · · · · · · · · · · ·	Secretary			
	Treasurer			
SEVENTH: Number	of Shares authorized:	PAID	Par Value or statement that	
No. of Shares	Class	JAN 2 7 1992	shares are without par value	
		SEC'Y OF STATE		
Еібити: Number o	f Shares issued:		Par Value	
No of Shares	Class	Series	or statement that shares are without par value	
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ed JM 23	19 92 CI	RANSTON GOLLISION CENTE c of Corporation)	9 BALES & SERVICE IN	
	Ву	Syanny	tamba	
(Report must be s	signed by an officer) Title	V. Max	Le dext	

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

Corporate ID	0040953	Annual Report for the year1991	
FIRST: The	name of the corporation is	CRANSTON COLLISION CENTER SALES AND S	ER
Second: It	is incorporated under the laws of	Phode Island	
THIRD: Cha	aracter of business, briefly stated, is	Autorepair & Sales	
Fourth: If	foreign corporation, address of its	principal office	
FIFTH: Bus		131 Fletcher Avenue	
		Cranston, R. I. 02920	
Sіхтн: Nar	mes and addresses of its directors at Name Office	nd officers: (Attach rider if necessary) Address (including number, street, zip code)	
****	Director		
(*1(***(**)))	Director		
	Director		
Dennis 11) Gamba President	1 Rotondo Au Crunstru RI	
Sharm L	Vice Pres	ident / Rotmolo Aug Cranston RI	
Sharms	Jamba Secretary		
Dennis 6			
	Number of Shares authorized:	Par Value	
		or statement that shares are without	
No. of Shares	Class	Series par value	
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(Report	must be signed by an officer)	Title YICL Mexident	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	**********	Annual Report for the year	1990' ' '
FIRST: The name of the corporation	is CRANS	TON COLLISION CENT	ER SALES AND SERVIC
SECOND: It is incorporated under the	e laws of STATE	OF RHODE ISLAND	
THIRD: Character of business, briefly	y stated, isAUTDE	BODY REPAIR	
FOURTH: If foreign corporation, add	lress of its principal of	fice	
FIFTH: Business address in Rhode Is	land .1.31. FLETCHER	.AVENUECRANSTONR.I.	
SIXTH: Names and addresses of its d	irectors and officers:	Address (including number, st	(Attach rider if necessary)
	Director		
	Director		· · · · · · · · · · · · · · · · · · ·
	Director		
DENNIS CAMBA	President1	ROTONDO AVENUE CRANST	ΊΝ,R.Ι
SHARON GAMBA	Vice President 1	ROTONDO AVENUE CRANST	ON, R.I.
	Secretary		
	Treasurer		
SEVENTH: Number of Shares authori	ized:		Par Value
No of Shares Class		Series	or statement that shares are without
			par value
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EIGHTH: Number of Shares issued:		LEB 5'8 IAAN	Par Value
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Dated	CRANSTON (Name of Corp	COLLISION CENTER SALE	S & SERVICE INC.
(Report must be signed by an officer)	Title PRE	5.IQENT	

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0040			or the year 1989	
FIRST: The name of	the corporation is	CRANSTON COLLI	SION CENTER SALES	ÁNO SÉRV
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Fourth: If foreign c	orporation, address of its	principal office		
FIFTH: Business addr	ess in Rhode Island\3	SI FlETCHER AVE CR	I.S. notena	
SIXTH: Names and ac	(/ttack		(Attach rider if uding number, street, zip code)	necessary)
	Director			•••••
	Director		••••••	
	Director			
DENNIS CANDA	President	1 ROTOMOO AVE	CRANSTON RI	
SHOWOON CANDA	Vice Pres	ident 1 ROTONDO AVE	IS hotznass	
	Secretary			
	Treasurer			
SEVENTH: Number o	f Shares authorized:		Par Value or statement that	
No. of Shares	Class	Senes	shares are without par value	
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No. of Shares	Class	Series	par value	
Dated FEBRUARY 24	19 89	CRANSTON COllision (Name of Corporation) By Mullim	CERTER SALER + SE	ervice In
(Report must be sig	ned by an officer)	Title July	Sediden+	•••••

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

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

Corporate IDOOYO	753	Annual Report for the ye	1988 '
•		TON COLLISION CENTER SALES	
		g. Land	
Second: It is incom	nomiced under the laws of	STATE OF RHODE ISLAND	
	- '	AUTOBODY REPAIR	
THIRD: Character of	i business, briefly stated, is	***************************************	***************************************
Fourth: If foreign	corporation, address of its pr	incipal office	***************************************
Fifth: Business add	iress in Rhode Island	131 FLETCHER AVENUF CRANSTO	N, R.I.
SIXTH: Names and	addresses of its directors and	Officers: Address (including numbe	(Attach rider if necessary)
	Director		
-4	Director	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************
	Director	Per Prince	······································
	President	1 ROTONDO AVENUE CRAN	STON, R.I.
		nt 1 ROTONDO AVENUE CRAN	STON, R.I.
	Secretary		
	Treasurer		······································
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	2	v // //	
	7	m. Pana. At	

Siniz of Phone Island and Frontidence Flantations Corporations division 100 North Main Street PROVIDENCE, RHODE ISLAND 02903

SECOND: It is incorporate		.مودو ن	
SECOND: It is incorporate			*******************************
	d under the laws of <u>STATE</u>	OF RHODE ISLANO	***************************************
THIRD: Character of busi	ness, briefly stated, isAUL	19DDY REPAIR	·····

FOURTH: If foreign corpo	ration, address of its principal	office	······································

FIFTH: Business address in	n Rhode Island 131 FLFT	CHER AVENUE CRANSTON.	Rala
			Personner (* 1880)
Sixth: Names and address	eses of its directors and officer	•	
	Director		
	Director		•••••••••••••••••••••••••••••••••••••••
			•••••••••••••••••••••••••••••••••••••••
DENNIS GAMBA		1 ROTONDO AVENUE CRANSTON, R.I.	
SHARDN GAMBA	Vice President	1 ROTONDO AVENUE CRA	ANSTON, R.I.
	Secretary	······································	
	Treasurer		
SEVENTH: Number of Shares authorized:			Par Value or statement that shares are without
No. of Shares	Citte	Senos	par value
		조건도 보 수 1989	
E:GHTH: Number of Share	es issued:	7. (OFF) •	Par Value or statement that
No. of Shares	Cra	Senes	shares are without par value