

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 Filing Period: January 1 - March 1 P. Filing Fee: \$50.00 | 2005 |
|---|-----------------|
| Filing Period: January 1 - March 1 6 Filing Fee: \$50.00 | 2003 |

| (FORM MUST BE TYPED | IN BLACK) | rung ree: \$50.00 | | | - |
|--|-------------------------|-------------------------------|-----------------------------|---|--|
| 1. Corporate ID No. | 2. Name of Corp | oration | | ···· | ······································ |
| 57255 | EAST COA | ST AUTO SALES, S | ERVICE & COLLISION, 1 | NC. | - |
| 3. Street Address Principal | Business Office | | City | State | |
| 286 MINERAL SPI | RING AVE | | PAWTUCKET | RI | Zip |
| 4. Business Phone No | | 5. State of Incorpora | | | 02860 |
| 4017248180 | | i RHODE ISLA | | | 6. SIC Code |
| 7. Brief Description of the C USED CAR AUTO SAI | LES | nducted in Rhode Island | | | 13335 |
| 8. NAMES AND ADDR | LESSES OF THE OF | FICERS YEAR BOX FOR | ATTACUMENT DELLAIN'S | O Volcological company (feel pa | |
| President Name Jamie Turmel | | | Vice President Name | ACES BEFORE USING | ATTACHMENTS |
| Street Address | | ··· | ·Olivia Martins | | ! |
| == | | | Street Address | | |
| 286 Mineral Spr | | | · 108 Anthony Av | enue | |
| Ciny Pawtucket | State | Zip | City | State | Zip - |
| Secretary Name | !RI | 02860 | · Pawtucket | RI | 02860 |
| Olivia Martins | | | Treasurer Name | | 1 7 7 7 |
| · · · · · · · · · · · · · · · · · · · | | | Jamie Turmel | | |
| Sirect Address 108 Anthony Ave: | m | | Street Address | | |
| City | · · - | | .286 Mineral Spi | cing Avenue | |
| . Pawtucket | State | :Zip | City | State | <u> </u> Zip |
| | RI | :02860 | . Pawtucket | RI | .02860 |
| 9. NAMES AND ADDR | ESSES OF THE DIR | ECTORS ("X" BOX FO | RATTACHMENT) FILL IN | SPACES BEFORE USING | GATTACHMENTS |
| Jamie Turmel | | | Director Name | · | |
| Street Address | | | • | | , |
| | • | | Sireet Address | | |
| 286 Mineral Spri | | | • | | |
| <i>Cin</i> Pawtucket | State | Zip | ·City | State | Zip |
| Director Name | RI 02860 | • • • • • • • • • • • • • • • | | • | 1 |
| . Director Name | | | Director Name | • • • • • • • • • • • | |
| Sircei Address | | | • | | , |
| Siveer Muta/633 | | | Street Address | | |
| City | State | | | | • |
| • | | Zip | ·City- | State | Zip . |
| 10. SHARES AUTHOR | ZED WYE POY CON | Alma Cata Charles | | | |
| AUTHORIZED SHARES | TALL TALBOX FOR | ATTACHMENT) [| SHARES ISSUED ("A | " BOX FOR ATTACHME | מאַ |
| Number of Shares | Class/Series | Par Value | ISSUED SHARES | | |
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| | - · · · · - · · - · · · | · | | | No par |
| | | | | | |
| This report must be sign | med in int he aids | a de D | | | 1 |
| The relief will be 318 | neu in ink by eline | r the President, Vice | President, Secretary, Assis | tant Secretary, Treas | urer, Receiver or Trustee |
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| 5 7 2 | 2 5 5 | | Linder manulm, after | | |
| | 5 5 ^m 6' | | this report, including | jury, I declare and affirm | that I have examined |
| *57255 DBC 02/16/0 | 5714-53-58 AM* | | and that all statemen | any accompanying sche ts contained herein are to | dules and statements, |
| | | | | a committee litteritatic ili | ue and correct. |
| File Date MAR | 17 70 - | - | | ' سب کردی ہے ' | 2-23-05 |
| Check No. Des | 2 | 1 | Signature of Officer | | Date |
| | | - | Jamie Turm | el 🔨 | • |
| By: | | | Print or Type Name of | | |
| | | - | President | * * | |
| FOR SECRETARY OF STAT | TE USE ONLY | | Title of Officer | _ _ | |
| | | _ | time of Officer | | Form 630 12/01 |



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 IN | | | | | |
|---|---------------------------------------|------------------------|---|-----------------------------|---|
| / Corporate ID No. *57255* | | | ERVICE & COLLISION, II | NC. | |
| 3. Street Address Principal But 286 MINERAL SPRI | | | City PAWTUCKET | State | Zip |
| 4. Business Phone No. | | 5. State of Incorpora | | RI | 02860 |
| 4017248180 | | RHODE ISLA | | | 6. SIC Code 3335 |
| 7. Brief Description of the Che USED CAR AUTO SALE | practer of Business Com S | ducted in Rhode Island | | | |
| 8. NAMES AND ADDRE | SSES OF THE OFF | ICERS ("X" BOX FOR | ATTACHMENT) FILL IN SI | PACES BEFORE USING A | TTACHMENTS |
| Jamie Turmel | | | , Vice President Name . Olivia Martins | | |
| Street Address | | | Sireei Address | | |
| 286 Mineral Spring Avenue | | . 108 Anthony Avenue | | | |
| <i>City</i> Pawtucket | State RI | <i>Zip</i> 02860 | <i>Cin</i> , Pawtucket | State RI | Zip 02860 |
| Secretary Name | · · · · · · · · · · · · · · · · · · · | ! | Treasurer Name | | ! |
| Olivia Martins | | | Jamie Turmel | | |
| Street Address | | | Street Address | | |
| 108 Anthony Avenu | | | .286 Mineral Sp | | |
| <i>City</i> Pawtucket | State RI | Zip 02860 | <i>City</i> . Pawtucket | State RI | <i>Ζίτ</i> 02860 |
| 9. NAMES AND ADDRE | SSES OF THE DIR | ECTORS ("X" BOX FO | DR ATTACHMENT) FILL, IN | SPACES BEFORE USING | ATTACHMENTS |
| Jamie Turmel | | | • | | |
| Street Address | ···· | | · Street Address | | |
| 286 Mineral Sprin | ng Avenue | | • | | |
| <i>City</i> Pawtucket | State RI | <i>Zip</i> 02860 | •City | State | Zip |
| Director Name | | | Director Name | | |
| Sircei Address | | , | · Sircei Address | | · ———————————————————————————————————— |
| | | | <u> </u> | | |
| City | State | Zip | .City | State | Zip |
| 10. SHARES AUTHORIZ | ED ("X" BOX FOR | ATTACHMENT) | 11. SHARES ISSUED (*) | X" BOX FOR ATTACHME | <u>√n, □ </u> |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 8,000 COMM NO PAR | VALUE | | 100 | | No Par Value |
| | | | | | |
| This report must be sign | ed in ink by eithe | r the President, Vice | President, Secretary, Assi | stant Secretary, Treas | urer, Receiver or Trustee |
| <u>-</u> | · | | • | • | |
| 1 IEBIEL E191 IB | 110 (186) 8(18) 8(8) (88) | | | | |
| | | | | | |
| 1 | | | Under penalty of pe | rjury, I declare and affirm | that I have examined |
| | | | thy's report, including | g any accomplinying scho | dules and statements, |
| **57255* 2/6/0310:43 | :11 AM* | | and that all statemen | nts contained herein are tr | ue and correct. |
| File Dale 3191 | 04 | | \ | and (| 3/12/04 |
| | | - | Signature of Officer | 100°CY | Dute |
| Check No. 3392 | | _ | Jamie Turmo | el 🔪 | / ' |
| 1 | | | Print or Type Name of | | . |
| $B_{\underline{Y}_{i}}$ $\bigcup_{i=1}^{N} 1$ | | - | President | | |
| FOR SECRETARY OF STAT | E USE ONLY | | Title of Officer | | Form 630 12/0 |



FOR SECRETARY OF STATE USE ONLY

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

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1 Corporate ID No. 2 Name of Corporation *57255* EAST COAST AUTO SALES, SERVICE & COLLISION, INC. 3. Street Address Principal Business Office Ciry State Zip 286 MINERAL SPRING AVE PAWTUCKET RI 02860 4 Business Phone No. 5. State of Incorporation 6. SIC Code 4017248180 **RHODE ISLAND** 3335 7. Brief Description of the Character of Business Conducted in Rhode Island USED CAR AUTO SALES 8. NAMES AND ADDRESSES OF THE OFFICERS CX BOX FOR ATTACHMENTS PRICES BEFORE USING ATTACHMENTS President Name Vice President Name Jamie Turmel .Olivia Martins Street Address Street Address 286 Mineral Spring Avenue . 108 Anthony Avenue Čits State Ζιρ City State Zip Pawtucket RI 02860 Pawtucket RI 02860 Secretary Name Treasurer Name Olivia Martins Jamie Turmel Street Address Street Address 108 Anthony Avenue 286 Mineral Spring Avenue State Zip City State Zip Pawtucket RΙ 02860 . Pawtucket RI 02860 9. NAMES AND ADDRESSES OF THE DIRECTORS CX" BOX FOR ACIMENT L FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Jamie Turmel Street Address Street Address 286 Mineral Spring Avenue \overline{Cin} State Zip Cin State Pawtucket 02860 Director Name Director Name Street Address Street Address City Siaie City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Cluss/Scries **Vumber of Shares** Class/Series Par Value 8,000 COMM NO PAR VALUE 100 Common No par 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, **57255* 2/6/0310:43:11 AM* and that all statements contained herein are true and correct. File Date Signature of Officer Check No Jamie Turmel

Print or Type Name of Officer

Form 630 12/01

President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE VEAR 2002

| Description of the Changeter of Binners Service Address Servic | porate ID No. | 2. Name of Carporati | On . | | | |
|--|------------------|----------------------|---------------|---|------------------------|-----------|
| Businers Phase No. (4 01) 724 - 8180 RHODE ISLAND RHODE ISLAND REFORESHIPS of the Character of Businers Conducted in Bloode Island USED CAR AUTO SALES, AND ANY OTHER LAWFUL BUSINESS. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX 10R ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS JAMIE TURMEL 286 MINERAL SPRING AVENUE 3010 STATUCKET RI 02860 PATUCKET RI 02860 CLIVIA MATINS CLIVIA MATINS 3100 ANTHONY AVENUE 3101 SHATES AND ADDRESSES OF THE DIRECTORS (*X* BOX 10R ATTACHMENT) 3110 SANTHONY AVENUE 3129 State Zip CLIVIA MATINS 3120 STATUCKET RI 02860 ANTHONY AVENUE 3131 STATUCKET RI 02860 ANTHONY AVENUE 3141 TURMEL 3151 STATUCKET RI 02860 ANTHONY AVENUE 3151 STATUCKET RI 02860 ANTHONY AVENUE 3152 STATUCKET RI 02860 ANTHONY AVENUE 3153 STATUCKET RI 02860 ANTHONY AVENUE 3154 STATUCKET RI 02860 ANTHONY AVENUE 3155 STATUCKET RI 02860 ANTHONY AVENUE 3156 MINERAL SPRING AVENUE 3156 MINERAL SPRING AVENUE 3156 STATUCKET RI 02860 ANTHONY AVENUE 3157 STATUCKET RI 02860 ANTHONY | | | AST AUTO SALE | - · · · - · · - · · - · · - · · · · · · | · · - | Zip |
| USED CAR AUTO SALES, AND ANY OTHER LAWFUL BUSINESS. NAMES AND ADDRESSES OF THE OFFICERS (X. BOX TOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS OLIVIA MARTINS Store Addiess OLIVIA MARTINS Store Addiess OLIVIA MATINS OLIVIA MATINA OLIVIA MATINA OLIVIA MATINA | | PRING AVENU | | • | RI | 4 |
| NAMES AND ADDRESSES OF THE OFFICERS (** BOX TOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Vice President Name 286 MINERAL SPRING AVENUE State 279 PAWTUCKET RI 02860 PATUCKET RI 02860 PATUCKET RI 02860 PATUCKET RI 02860 State Address 108 ANTHONY AVENUE State 108 ANTHONY AVENUE State 108 ANTHONY AVENUE State 108 ANTHONY AVENUE Trestaver Name 109 Trestaver Name 100 Trestav | | | | S L A N D | | |
| Steet Address 286 MINERAL SPRING AVENUE TO State 287 PAWTUCKET RI 02860 PATUCKET RI 02860 PATUCKET RI 02860 PATUCKET RI 02860 CITY State 219 PAWTUCKET RI 02860 PAWTUCKET City State Director Name Director Name City State City Sta | NAMES AND ADDRES | | | CHMENT? () FILL IN SPACE | S BEFORE USING ATTAC | CHMENTS |
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| Street Address 108 ANTHONY AVENUE 108 ANTHONY AVENUE 109 State 109 State 109 State 109 State 109 State 109 State 109 PAWTUCKET 100 RAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) 100 PAWTUCKET 100 PAWTUCKE | | R I | 02860 | · · · · · · · · · · · · · · · · · · · | RI | 02860 |
| PAWTUCKET RI 02860 PAWTUCKET RI 02860 NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS ** JAMIE TURMEL eet Address 286 MINERAL SPRING AVENUE ty State Zip PAWTUCKET RI 02860 PAWTUCKET RI 02860 Director Name ** City State Zip Director Name ** City State Zip Director Name ** City State Zip Director Name ** Street Address Treetor Name ** City State Zip Director Name ** Street Address Treetor Name ** Consume State Zip City State Zip Director Name ** Consume State Zip City State Zip City State Zip Director Name ** Consume State Zip City State Zip City State Zip City State Zip Director Name ** Consume State Zip City State Zip City State Zip City State Zip Director Name ** Consume State Zip City State Zip | | | | ÷ - | L | |
| NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Section Name JAMIE TURMEL State State | | | Zip | • • | | |
| 286 MINERAL SPRING AVENUE Ty State Zip City State Zip PAWTUCKET RI 02860 Cect Address Street Address Street Address Director Name Cott Address Street Address | NAMES AND ADDRES | | · | TACHMENT) 🤵 FILL IN SPA | | |
| PAWTUCKET RI 02860 rector Name Cet Address Street Address Street Address Street Address Street Address 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) THORIZED SHARES Where of Shares Class/Series Par Value City State Zip 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) BSUED SHARES Number of Shares Class/Series Far Value | | | | Street Address | | |
| Director Name Street Address Street Address City State Zip SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) THORIZED SHARES SUED SHARES SUED SHARES SUED SHARES SUED SHARES SUED SHARES Number of Shares Class/Series Par Value | | | | City | State | Zip |
| SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) BSUED SHARES wher of Shares Class/Series Par Value Class/Series Par Value | | RI | 02860 | Director Name | | |
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| SSUED SHARES Imber of Shares Class/Series Par Value Number of Shares Class/Series Par Value | dy | State | Zip | Спу | ¹ State | ' Zip |
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| | 8000 | common | no par | 100 | common | no par |

| | Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and |
|--------------------------------|---|
| ile Date: 5-9-02 | that all statements contained herein are true and correct. |
| theck No.: 1/15 | signature of Officer Date |
| • — | JAMIE TURMEL |
| ar de | Print or Type Name of Officer |
| OR SECRETARY OF STATE USE ONLY | PRESIDENT |
| | Title of Officer |



Under penalty of perjury, I declare and affirm that I have examined

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

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| TASTRU | HOX |

| 1. Corporate ID No. | 2. Name of Corporation | | ·· ································· | | |
|---|---------------------------------|---------------------------|---|---|----------------------------|
| 7255 3. Street Address Principal Busin | EAST COAST | | SERVICE & COLI | ISION, INC. | , Zip |
| 286 Mineral St 4 Business Phone No. | pring Avenue | S. State of Incorporation | Pawtucket | RI | 02860 6. SIC Code |
| (401) 724-818 | cter of Rusiness Conducted in R | | - | - | |
| Used car auto | sales, and a | ny other law: | ful business. | | |
| President Name | ESSES OF THE OFFICI | ERS (*X* BOX FOR ATTAC | HMENT) FILL IN SPACES Vice President Name | | HMENTS' STATE |
| Jamie Turmel | | | Olivia Marti | ns | |
| Street Address 286 Mineral S | pring Avenue | | Sireet Address 108 Anthony | Avenue | |
| City | State | ZIp | City | State | Zip |
| Pawtucket | RI | 02860 | Pawtucket | RI | 02860 |
| Secretary Name | | * * ****** | Treasurer Name | •••••••••••••• | ************************** |
| Olivia Martin | ~ | | . Jamie Turmel | | |
| Street Address | 5 | | : Street Address | | |
| 108 Anthony A | | | 286 Mineral | Spring Avenue | |
| 108 Anthony Av | Verrue State | Zip | City | State | Zip |
| Pawtucket | RI | 02860 | Pawtucket | RI | 02860 |
| ١ ـ | | | ACHMENT) FILL IN SPAC | | |
| Director Name | ESSES OF THE DIREC | TOK2 CY. ROY YOR YIL | Director Name | ES REPORE USING AT I | ACHMENTS A LANGE REAL |
| Jamie Turmel Street Address | | | Street Address | | |
| 286 Mineral Sp | pring Avenue | | • | | |
| City | State | Zip | City | State | ' Zip |
| Pawtucket | RI | 02860 | • | | • |
| Director Name | · | * '* '* '*' | Director Name | *************************************** | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | ZIp |
| 70. SHARES AUTHORIZ | ZED (*X* BOX FOR ATTAC | HMENT) | 11. SHARES ISSUED | (*X* BOX FOR ATTACHMEN | |
| Number of Shures | Class/Sertes | Par Value | Number of Shares | Cluss/Series | Par Value |
| 8000 | common | no par | 100 | common | no par |
| This report must be sig | gned in ink by eithei | the President, Vice | President, Secretary, Ass | sistant Secretary, Treas | urer, Receiver or Trust |
| | | | | | |

| | this report, including any accompanying schedules and statements, and |
|---------------------------------|---|
| File Date: 4-2-01 | that all statements contained herein are true and correct. |
| Check No. | Situative of Officer Date |
| T. C. | JAMIE TURMEL. Pilnt or Type Name of Officer |
| FOR SECRETARY OF STATE USE ONLY | PRESIDENT This of Officer |



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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| FORM MUST BE TYPED IN BLA | cr) | •• | | | TATIAL TRAVE |
|---|--------------------------|--------------------------------|---|---------------------------|----------------------|
| 1. Corporate ID No. | 2. Name of Corporati | on | | | |
| 57255 3. Street Address Principal Business | | | S, SERVICE & COLI | LISION, INC. | . Zip |
| 286 Mineral Sp. 4. Business Phone No. | | 5. State of Incorporation | Pawtucket | RI | 02860 6. SIC Code |
| (401) 724-8180 2. Brief Description of the Character | of Business Conducted in | Rhode Isl | and . | | 1 1 4 |
| Used car auto 8. NAMES AND ADDRES President Name | | | oful business. CHMENT) : FILL IN SPACES : Vice President Name | BEFORE USING ATTAC | HMENTS SACON |
| Jamie Turmel Street Address | | | Olívia Martin Street Address | n s | |
| 286 Mineral Sp | ring Avenue | Zip | 108 Anthony A | Avenue State | † Zip |
| Pawtucket Secretary Name | RI | 02860 | Pawtucket Treasurer Name | RI | 02860 |
| Olivia Martins Street Address | | | Jamie Turmel Street Address | | |
| 108 Anthony Ave | enu e State | Zip | 286 Mineral | Spring Avenue | ! ! Zip |
| Pawtucket 9. NAMES AND ADDRES Director Name | RI SES OF THE DIRE | 02860 CTORS (*X* BOX FOR AT | Pawtucket TACHMENT) FILL IN SPACE | R I S BEFORE USING ATT | 02860 |
| Jamie Turmel Street Address | | | Street Address | | |
| 286 Mineral Sp | ring Avenue State | Zip | City | State | Zip |
| Pawtucket Director Name | RI | 02860 | Director Name | | |
| Street Address | | | Street Address | - | |
| City | State | Zip | City | State | ¹ Zip |
| 10. SHARES AUTHORIZE AUTHORIZES | D (*X* BOX FOR ATTA | CHMENT) | 11. SHARES ISSUED (* | X BOX FOR ATTACHMENT | n <u>U</u> |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value İ |
| 8000 | commom | no par | 100 | commom | no par |
| | | | İ | | |

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

| 10 | 2/10 | / |
|------------------|----------------|---|
| File Date: | 1730 | |
| Ву: | 118, | O |
| 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.

Date

JAMIE TIIRMEL.
Print or Type Name of Officer

PRESIDENT
Title of Officer



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

| GORM MUST BE TYPED IN B | | | | | |
|--|-------------------------------|--|------------------------------|----------------------------------|-------------------------|
| 1. Corporate ID No. | 2. Name of Corporation | on . | | | |
| 57255 3. Street Address Principal Busine | EAST COAS | ST AUTO SALE | S, SERVICE & COI | LISION, INC. | 1 zip — · |
| 286 Mineral 4. Business Phone No. | Spring Avenu | e , | i.Pawtucket_ | RI | 02860 6. SIC Code |
| (401) 724-818 7. Brief Description of the Churac Used car auto | cter of Business Conducted in | Rhode Is Rhode Island any other la | land awful business | · | 3335 |
| 8-NAMES AND ADDRI | ESSES OF THE OFFIC | ERS ("X" BOX FOR ATI | ACHMENT) FILL IN SPACE | S BEFORE USING ATTAC | HMENTS AREA |
| Jamie Turmel Street Address | | | Olivia Marti | ins | |
| 286 Mineral S | pring Avenue | | 108 Anthony | Avenue | |
| City | State | Zip | City | State | T Zip |
| Pawtucket | RI | 02860 | Pawtucket | RI | 02860 |
| Secretary Name | | *** ** * * * * * * * * * * * * * * * * * | Treasurer Name | · •••••••••• ••• ••• ••• ••• ••• | ••••• |
| Olivia Martir | ns | | Jamie Turmel | | |
| Street Address | | | Street Address | | |
| 108 Anthony A | Avenue | | 286 Mineral | Spring Avenue | |
| City | State | Zip | City | State | T Zip |
| Pawtucket | RI. | 02860 | Pawtucket | RI | 02860 |
| | ESSES OF THE DIREC | CTORS ("X" BOX FOR A | TTACHMENT) FILL IN SPACE | ES BEFORE USING ATTA | CHMENTS - Live Free |
| Director Name | | | * Director Name | | |
| Jamie Turmel | | | • | | |
| Street Address | | | Street Address | | |
| 286 Mineral S | pring Avenue | | A114 | 5 | |
| · | | Zip | City | State | Zip |
| Pawtucket Director Name | RI | . 02860 | Director Name | | |
| Account to the second | | | . Director same | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| | | | | | |
| 10. SHARES AUTHORIZ | ED (*x* box for attac | HMENT) | _ <i>;</i> | (*X* BOX FOR ATTACHMENT) | 17 |
| AUTHORIZED SHARES | | | ESSUED SHARES | | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 8000 | common | no par | 100 | Common | No Par |
| | | | | | • |
| | | | · | | |
| This report must be sig | ned in ink by eithe | er the President. Vio | ce President, Secretary, Ass | sistant Secretary Treasu | ter. Receiver or Truste |
| | | | | | , or made |
| | | | | | |

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: ___ Significe of Officer Jamie Turmel Print or Type Name of Officer President
Title of Officer FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

| FORM MUST BE TYPED IN BLA | ICK) | | | | |
|---|-------------------------------------|-------------------------------------|---|----------------------|---------------------|
| 1. Corporate ID No. 7255 57255 3. Street Address Principal Business 197 Woodbury St | 2. Name of Corporat EAST COA Office | | S, SERVICE & COLL Ciny Pawtucket | ision, inc. | |
| f. Rusiness Phone No. (401) 724-8180 | | 5. State of Incorporation Rhode Is. | | | 6. SIC Code 3335 |
| 7. Brief Description of the Characte Used Car auto | | | lawful business | | |
| 8. NAMES AND ADDRES President Name John Martins Street Address 197 Woodbury St | | CERS ("X" BOX FOR ATT | ACHMENT) Vice President Name Olivia Martin Street Address 108 Anthony A | | |
| _{city} Pawtucket | State RI | zip 02860 | Pawtucket | State RI | 21p 02860 |
| Secretary Name Olivia Martins Street Address | | | Treasurer Name John Martins Street Address | | |
| 108 Anthony Ave | enue State | Zip | 197 Woodbury | Street State | Zip |
| Pawtucket 9. NAMES AND ADDRES Director Name | RI SSES OF THE DIRE | 02860 CTORS (*x* BOX FOR A | Pawtucket TTACHMENT) Director Name | RI | 02860 |
| John Martins Street Address | | | Street Address | | |
| 197 Woodbury St | treet State | Zip | City | State | Zip |
| Pawtucket Director Name | RI | 02860 | Director Name | | |
| Street Address | | , | Street Address | | |
| City | State | Zip | City | State | ZIp |
| 10. SHARES AUTHORIZE authorized shares | D (*x* box for att) | ACHMENT) | 11. SHARES ISSUED (*) | X° BOX FOR ATTACHMEN | r) |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| | | | 100 | Common | No Par |

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

| | ` | , | ` | | |
|--------------|-----------|-------------|-----|----|--|
| File Date: _ | _\ | <i>H</i> | 3 | 24 | |
| Check No.: | | 10/ | 349 | | |
| By: | | | UD | | |
| | TARY OF S | TATE USE ON | I,Y | | |

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 Martins
Print or Type Name of Officer
President

Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

| Filing Period: January 1-March 1 | • | Filing Fee: \$50.00 |
|----------------------------------|---|---------------------|
| (FORM MUST BE TYPED IN BLACK) | | |

| I. Corporate ID No. | 2. Name of Co. | rporation | | | |
|---|--------------------|---------------------------------|---|-------------------|----------------------|
| 57255 3. Street Address Principal Business | EAST Office | COAST AUTO SA | LES, SERVICE & COI | LLISION, INC. | Zip |
| 197 Woodbury (| Street | 5. State of Incorpora | Pawtucket | RI | 02860 6. SIC Code |
| (401) $724-818$ | | RHODE : | ISLAND | | 3335 |
| Used Car 8. NAMES AND ADDRES President Name | | | | | |
| John Martins | | | Vice President Name Olivia Mart: Street Address | ins | |
| 197 Woodbury | Street State | Zip | 108 Anthony | Avenue | Zip |
| Pawtucket Secretary Name | RI | 02860 | Pawtucket Treasurer Name | RI | 02860 |
| Olivia Martii Street Address | ns | | John Martins | 5 | |
| 108 Anthony i | Avenue State | Zip | 197 Woodbury | y Street State | Zip |
| Pawtucket 9. NAMES AND ADDRES | RI SES OF THE D | 02860 DIRECTORS (*X* BOX FOR | | RI | 02860 |
| Director Name John Martins Street Address | | | Director Name | | |
| 197 Woodbury | Street | Zip | Street Address · City | State | Zip |
| Pawtucket | RI | 02860 | Director Name | 3.411 | х.ф |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZE | D AND ISSUE | D ("X" BOX FOR ATTACHME | | | |
| Number of Shares | Class/Series | Par Value | ISSUED SHARES Number of Shares | Class/Series | Par Value |
| 8000 | | Nove | 100 | Common | No par |

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

| | , 1 |
|------------------|----------------|
| | 2/11/19 |
| File Date: | 3110171 |
| | |
| Check No.: | 5/07// |
| | 1 × 1 |
| By: | |
| 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.

Common

No par

Signature

JOHN MARTINS Print or Type Name of Officer

PRESIDENT

Title of Officer

PROFIT CORPORATON 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

| I. CORPORATE ID NO. | | | PE OR PRINT IN BLACK INK. | · | |
|---|--------------------------------|---|-----------------------------|--|--|
| 57155 | 2. NAME OF CORPORATION | | | | |
| STREET ADDRESS PRINCIPAL BUS | EAST COAS | ST AUTO SALES | S, SERVICE & COL | LISION, INC. | 71P COOF |
| 197 Woodbury | | | Pawtucket | RI | 02860 |
| BUSINESS PHONE NO. | | 5. STATE OF INCORPORATION | | <u>l</u> | 6 SIC CODE |
| (401) 724-81 | | Rhode Isla | and | | 3335 |
| BRIEF DESCRIPTION OF THE CHAR Used car aut | ACTER OF BUSINESS CONDUCTED IN | RHODE ISLAND | | | |
| 2 2 3 C 2 C | | S AND ADDR | ESSES OF THE O | FFFCERS | |
| RESIDENT NAME | · · | | VICE PRESIDENT NAME | <u> </u> | |
| John Martins | | | Olivia Martin | 5 | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| _1 <u>97_Woodbury</u> | Street | ZIP CODE | 197 Woodbury | Street | Tain cons |
| | JANE . | <u> </u> | | [| ZIP CODE |
| Pawtucket ECRETARY NAME | <u> </u> | R <u>I</u> | Pawtucket TREASURER NAME | RI | 02860 |
| Olivia Marti | ns | | John Martins | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| 197 Woodbury | Street | | 197 Woodbury | Street | |
| CITY | STATE | ZIP CODE | CITY | STATE | ZIP CODE |
| Pawtucket | RI | 02860 | Pawtucket | RI | 02860 |
| | 9. NAMES | AND ADDRI | | DIRECTORS | |
| DIRECTOR NAME | | | DIRECTOR NAME | | |
| John Martins | | | STREET ADDRESS | | |
| 197 Woodbury | Street | | STREET NOUNESS | | |
| CITY WOODDULY | ISTATE | ZIP CODE | спу | STATE | ZIP CODE |
| Pawtucket | RI | 02860 | | SIRIC | Dr Coot |
| DIRECTOR NAME | | | DIRECTOR NAME | | |
| | | | | | |
| STREET ADORESS | | | STREET ADDRESS | | · · · · · · · · · · · · · · · · · · · |
| CITY | STATE | ZiP COOE | CITY | STATE | ZIP COOE |
| A 7 45 6 | | SHARES AUT | HORIZED AND IS | SUED A. | |
| | AUTHORIZED SHARES | · <u> </u> | | ISSUED SHARES | The second of th |
| NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | NUMBER OF SHARES | CLASS / SERIES | PAR VALUE |
| 8000 | common | no par | 1000 | common | no par |
| | • | | | | |
| | | * ************************************* | | | - |
| | | This report must be | SIGNED IN INK by either | the | <u></u> |
| | | | ssistant Secretary, Treasur | | ustee |
| _ _ | | | Under penalty | of perjury, I declare a | nd affirm that I have examining schedules and statemen |
| | | | ina report, me | y ariy awonipari) | a annogair a ann aigicilleil |

File Date: ... 4/8/96 Check No: 4816 By:.. For Secretary of State Use Only and that all statements contained herein are tru

Signature of Officer JOHN MARTINS

Print or Type Name of Officer

PRESIDENT Title of Officer

FORM 31 12/95

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: | 2 7255 | | <u>. </u> | Annual Report | for the year: _ | 1995 | | |
|---|---------------------------------|-----------------|--|---------------------------------------|-------------------|-----------------|-------------------|------------------|
| Name of Corporation | EAST CO | AST AUT | O SALES, | SERVICE | & COLLI | SSION, | INC. | |
| Business entity organiz | ed under the laws of the State | of: RI | | Business E | ntity is (check o | ne): | | |
| For foreign entity, address and telephone number of principal office: | | | ce: | | ess Corporation | | Chapter 7-1.1) | |
| | | | | [] Profe | ssional Service (| Corporation (| See RIGL Chap | ter 7-5.1) |
| | | ·- - | | D='-6-1-1- | | are of business | ess conducted in | . Phode feland: |
| Phone: () | | | | | ar <u>auto</u> | | iess conducted it | |
| | of the principal office of busi | iness entity in | Rhode | | | | | |
| | ddress - Not P.O. Box): | , | | | | | | |
| 197 Woodbur | | | | | | | | |
| Pawtucket, | | | | | | | | |
| Phone: () | | | | | | | | |
| | | THE | NAMES OF T | | S ARE: | | | |
| PRESIDENT | | | STREET ADI | | | TTY/STATE | | ZIP CODE |
| John Martin | S | 197 | Woodbury | | | et, RI | 02860 | ZIP CODE |
| VICE PRESIDENT Olivia Mart | inc | 107 | | | | | 00000 | 27 (05) |
| SECRETARY | 1115 | 197 | Woodbury | | | et, Ri | 02860 | ZIP CODE |
| Olivia Mart | ins | 197 | Woodbury | | Dawtuck | ot DT | 02860 | |
| TREASURER | | | STREET ADI | | | CTIY/STATE | 02000 | ZIP CODE |
| John Martin | S | 197 | Woodbury | Street, | Pawtuck | et, <u>RI</u> | 02860 | |
| | | THE N | AMES OF TH | | | | | |
| NAME | _ | 107 | STREET AD | | | CTTY/STATE | | ŽÍP CODE |
| John Martin | 5 - - | 197 | Woodbury | | | et, RI | 02860 | ZIP CODE |
| NAME | | | 21XEET AD | JKE22 | , | CITTAINE | | 22 0002 |
| NAME | | | STREET AD | DRESS | | CITY/STATE | | ZIP CODE |
| NUMBER OF SHARES | AUTHORIZED (Rider may be | e attached) | _ | NUMBER OF | SHARES ISSUED | AND OUTS | TANDING (Rider | may be attached) |
| Number of Shares | Class / Series | | | Number of Sh | ares | Class / Seri | es | |
| 8000 | Common | | | 1000 | | Commor | ì | |
| | | | | | | | | |
| | | | | 1.1 | Mate | > | | |
| Date | 28 | 95 | Ву: | OHN MART | TNS | | | |
| | | | PRINT OR T | YENNE GEOFFE | | | | |
| Form 31 1/95 | | | TITLE OF O | <u>resident</u> Fricer signing | | | | |
| | DESIGNA | TED REG | ISTERED AG | ENT FOR SE | RVICE OF PI | ROCESS: | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | |

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

John F. Neary, Esquire 103 Cottage Street Pawtucket, RI 02860 PAID MAR 2 7 1995

SEC'Y OF STATE

Ch# 9/5/mnc

iling Fee \$50.00. ayable to ceretary of State

PLEASE TYPE or PRINT

CHY #418 | File Annually DIS | LLC Sept 1 Nov 1 7 CORP. Lin 3 - March 1 State of Rhode Island and Providence Plantations

Office of The Secretary of State \$750 100 North Main Street Providence, Rhode Island 02903-1335

58207 67659 57255 1569 713

| FIONIK | 401-277-3040 | 74084 |
|--|---|--|
| Torporate ID | Annual Report for the year | |
| Same of Business Entity <u>EAST_COAST_AUTO_SI</u> | ALES, SERVICE & COLLISSION | . INC |
| Susmess entity organized under the laws of the State of Rhode | Island Business Entity is (check one) | |
| | [X Business Corporati | on (See RIGL Chapter 7-1-1) |
| Federal Taxpayer Identification Number For foreign entity, address and telephone number of principal office | | e Corporation (See RIGE Chapter 7-5-1) ompany (See RIGE 7-16) |
| | Name, title and mailing address communications may be direct John F. Neary, E | ed: |
| | 103 Cottage Stre | et |
| Tione () | Pawtucket, RI 0 | 2860 |
| Address and telephone of the principal office of business entity in Ri | | ··································· |
| sland (Provide street address - Not P.O. Box): | <u>!</u> | of business conducted in Rhode Island. |
| John Martins 197 Woodbury Street | <u>used car auto şa</u> | le <u>s</u> |
| Pawtucket, RI 02360 | | gust 30, 1989 |
| Mone () | Date of Qualification to do bus | iness in Rhode Island (it foreign entity): |
| THE NA | MES OF THE OFFICERS ARE: | |
| THEFT - ALCHIVE OFFICE CORE (PROSIDE STEEL) CARROLLS | | |
| John Martins | | National RI 02860 |
| Olivia Martins | | |
| COSTO RANDO RECORDS ON DE SECULORISTO DE COSTO DE CONTROL DE COSTO | 197 Woodbury Street, Pa | HAIT - THE CONTRACT OF THE CON |
| Olivia Martins | 197 Woodbury Street, Pa | wt. RI 02860 Zarium |
| John Martins | | |
| | 197 Woodbury Street, Pa | ~~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ ~~ |
| | | |
| John Martins | 197 Woodbury Street, Pa | ÿtti z ∵ RI —02860 ——∠zense |
| SAN1 | STRUT ACORESS COS | STAD. ZIPCIDI |
| NUMBER OF SHARES AUTHORIZED (It Applicable) | NUMBER OF SHARES ISSUED | AND OUTSTANDING (II Applicable) |
| NUMBER 8000 | NUMBER 1000 | |
| CLASS COMMON | CLASS | |
| SERIUS | SERIES | |
| PAR VALUE OR without par WITHOUT PAR | PAR VALUE OR WITHOUT PAR WITHOU | t par |
| Dute Feb. 13, | By:John Ma | rlif_Pais |
| | JOAN MARTINS | |
| | PRESIDENT | |
| | | |
| Form 31 1794 | ON DESIDENT ACTIVITIESD SEDVICE | DE PROCESS: |
| <u>DESIGNATED REGISTERED</u> | OR RESIDENT AGENT FOR SERVICE | |

PLEASE NOTE. It the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

JOHN NEARY 103 COTTAGE STREET PANTUCKET RI 02560

Form 31 1/85

State of Rhode Island and Providence Plantations

7628 mice

CORPORATIONS DIVISION 160 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| Corporate ID _27-2-55 | 57355 | Annual Report for the year | ar1993 |
|-----------------------|---------------------------------|---|--------------------------------------|
| FIRST: The name of | the corporation is EAST C | OAST AUTO SALES, SERVI | CE & COLLISION, INC. |
| SECOND: It is incorp | porated under the laws of | the State of Rhode Is | • • |
| THIRD: Character of | f business, briefly stated, isu | sedcarautosales | |
| FOURTH: If foreign | corporation, address of its pri | incipal office N/A | |
| Fifth: Business add | ress in Rhode Island 28.6 | Mineral Spring Ave., p | awtucket, RI |
| SIXTH: Names and a | addresses of its directors and | Officers: Address (including numbe | (Attach rider if necessary) |
| John Martins | Director | 197 Woodbury Stree | t, Pawt., R.I. |
| | Director | | |
| | Director | | |
| John Martins | President | 197 Woodbury Stree | t, Pawt., R.I. |
| Olivia Martins | Vice Preside | nt108AnthonyAvenue | Pawtucket, R.I. |
| Olivia Martins | Secretary | same as above | |
| John Martins | Treasurer | 197 Woodbury Stree | t, Pawt., R.I. |
| SEVENTH: Number | of Shares authorized: | | Par Value or statement that |
| No. of Shares | Class | Senes | shares are without par value |
| 8000 | Common | PAID | no par value |
| Eighth: Number o | f Shares issued: | MAR 0 3 1993 | Par Value |
| | | SEC'Y OF STAT | or statement that shares are without |
| No. of Shares 1000 | Class | Series | par value |
| 1000 | Common | | no par value |
| Dated Let 24, | (| EAST COAST AUTO SALES, Name of Corposation) By OHN MARTINS | SERVICE & COLLISION INC. |
| (Report must be s | igned by an officer) | tile President | |

(Report must be signed by an officer)

6554

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

State of Rhode Island and Providence Plantations

| 50. po. a.c. 12 | CORPORA 100 NORT 5175 PROVIDENCE, I | Annual Report | for the year ¹⁹⁹² | |
|--------------------|---|----------------------|--|----------|
| | | | , SERVICE & COLLISION | IIN |
| Second: It is inco | rporated under the laws of | Rhode Island | | •••••• |
| THIRD: Character | of business, briefly stated, is. | used car auto sa | les | ***** |
| FOURTH: If foreign | n corporation, address of its p | orincipal office n/a | | ••••• |
| FIFTH: Business ad | dress in Rhode Island28 | 6 Mineral Spring | Avenue, Pawtucket, RI | 028 |
| SIXTH: Names and | addresses of its directors and | | (Attach rider if necessa | ary) |
| John Martins | Director | 197 Woodbury S | treet, Pawtucket, RI | 0286 |
| | Director | | | ****** |
| | Director | | | |
| John Martins | President | 197 Woodbury S | treet, Pawtucket, RI | 0286 |
| Olivia Martins | Vice Presid | ent 108 Anthony Av | enue, Pawtucket, RJ 0 | 2860 |
| Olivia.Martins | Secretary | .1.08AnthonyAv | enue, Pawtucket, RI 0 | 2,860 |
| John Martins | Treasurer | 197 Woodbury S | treet, Pawtucket, RI | 0.286 |
| Seventh: Number | of Shares authorized: | | Par Value or statement that | |
| No. of Shares | Class | Series | shares are without par value | |
| 8000 | Common | Series MAR | No Par Value | |
| EIGHTH: Number of | of Shares issued: | Rac'd & File | Par Value | |
| | Class | Series | or statement that shares are without par value | |
| No of Shares | | | No Par Value | |

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

| Corporate ID572 | 5.5 | Annual Report for | r the year1991 | Τ |
|---------------------|---------------------------------------|---|--|---|
| FIRST: The name o | f the corporation is | ••••• | | *************************************** |
| | EAST COAST AUTO SALI | ES & SERVICE, INC. | | |
| SECOND: It is incor | porated under the laws oftl | ne State of Rhode | Island | |
| THIRD: Character of | of business, briefly stated, is | | | |
| FOURTH: If foreign | corporation, address of its pri | ncipal office | | |
| Fifth: Business add | dress in Rhode Island 2 | 86 Mineral Spring | | |
| | P | awtucket, RI 0286 | 60 | |
| SIXTH: Names and | addresses of its directors and office | | (Attach r ling number, street, zip code) | ider if necessary) |
| John Martins | Director | 197 Woodbury St | ., Pawt., RI | 02861 |
| Olivia Martins | Director | 108 Anthony Ave | ., Pawt., RI | 02860 |
| | Director | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| John Martins | President | 197 Woodbury St | ., Pawt., RI | 02861 |
| Olivia Martins | Vice Presider | nt 108 Anthony Ave | ., Pawt., RI | 02860 |
| Olivia Martins | Secretary | 108 Anthony Ave | . Pawt. RI | 02860 |
| John Martins | Treasurer | 197 Woodbury St | Pawt., RI | 02861 |
| SEVENTH: Number | of Shares authorized: | Series | Par Va or stateme shares are par va | ent that without |
| 8,000 | Common | | No. | |
| | | lec's a Ried | Par Vi or stateme shares are | ot that |
| No. of Shares | Class | Series | par va | |
| 1,000 | Common | | No | Par |
| Dated August 13. | C | Cast Coast Auto Sa Name of Corporation | iles & Servic | e, Inc. |
| (Report must be | | illePresident | | ······ |

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



| Corporate ID 57255 | | Annual Report fo | r the year | 1990 |
|-----------------------|------------------------------------|---|---|--|
| FIRST: The name of t | the corporation is | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| EAST COAST AUTO | SALES & SERVICE, | INC. | ····· | ······································ |
| SECOND: It is incorpo | orated under the laws of | the State of Rhod | eIsland | |
| THIRD: Character of | • | Used car auto sa | | |
| v | orporation, address of its | principal office | ••••••••••••••••••••••••••••••••••••••• | |
| | | 286_Mineral_Sprin | | |
| | | Pawtucket, RI 02 | 8.60 | |
| SIXTH: Names and a | ddresses of its directors an | | (/ ding number, street, | Attach rider if necessary) zip code) |
| John Martins | Director | 197 Woodbury S | tPawt. | RI 02861 |
| Olivia Martins | Director | 108 Anthony Av | ePawt. | RI02860 |
| | Director | | •••••••••• | |
| John Martins | President | 197 Woodbury S | tPawt. | RI 02861 |
| Olivia Martins | Vice Presid | ient 108 Anthony Av | ePawt. | . RI 02860 |
| Olivia Martins | Secretary | 108AnthonyAv | ePawt. | RI 02860 |
| John Martins | Treasurer | 197 Woodbury S | tPawt. | RI02861 |
| SEVENTH: Number o | f Shares authorized: Class Common | Series | st . | Par Value ox statement that states are without par value NO Par |
| EIGHTH: Number of | Shares issued: | Rec'd & Fileo AUG | 14 19 35 5 | Par Value or statement that hares are without par value |
| 1000 | Common | | ; | No Par |
| Dated August 13 | | East Coast Auto Sa (Name of Corporation) By Title President | iles & Sei | • |
| Form 31 1/85 | giora og un omoorj | | | |