



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. 53158		2. Name of Corporation James A. Clarke, Inc.			
3. Street Address Principal Business Office 10 GANSETT AVENUE			City CRAWSTON	State RI	Zip 02920
4. Business Phone No. 401-942-6070		5. State of Incorporation RHODE ISLAND			6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island REPAIRING OF AUTOMOBILES AND LIGHT TRUCKS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAMES A. CLARKE			Vice President Name		
Street Address 34 HOFFMAN AVENUE			Street Address		
City CRAWSTON	State RI	Zip 02920	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100		NO PAR VALUE

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



File Date 1-18-05
Check No. 4125
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 **JAMES CLARKE**
Title of Officer **PRESIDENT**



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 53158		2 Name of Corporation James A. Clarke, Inc.			
3 Street Address Principal Business Office 10 Gansett Ave			City Cranston	State RI	Zip 02920
4 Business Phone No 401-942-6070		5 State of Incorporation RHODE ISLAND		6 SIC Code 8953	
7 Brief Description of the Character of Business Conducted in Rhode Island REPAIRING OF AUTOMOBILES AND LIGHT TRUCKS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James A. Clarke			Vice President Name		
Street Address 34 Hoffman Ave			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100		No Par Value

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



* 5 3 1 5 8 *

File Date 3/12/04
Check No. 3621
By: W.
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 James A. Clarke Date _____
Print or Type Name of Officer **James A. Clarke**
Title of Officer **President**

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. **53158** 2. Name of Corporation **James A. Clarke, Inc.**
3. Street Address - Principal Business Office **10 Gansett Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **401-942-6070** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island
Automobile + Lt truck repair

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

President Name James A Clarke	Vice President Name
Street Address 34 Hoffman Ave	Street Address
City Cranston State RI Zip 02920	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

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

Number of Shares	Class/Series	Par Value
100		No Par Value

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



* 5 3 1 5 8 *

File Date: 4.29.03

Check No.: 3022

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 **James A Clarke**
Title of Officer **President**



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. 53158 2. Name of Corporation James A. Clarke, Inc.
3. Street Address Principal Business Office 10 Gansett Avenue City Cranston State RI Zip 02920
4. Business Phone No. _____ 5. State of Incorporation RHODE ISLAND 6. SIC Code 8953

7. Brief Description of the Character of Business Conducted in Rhode Island
Repairing of automobiles and Lt. truck

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

President Name <u>James A Clarke</u>	Vice President Name _____
Street Address <u>34 Hoffman Avenue</u>	Street Address _____
City <u>Cranston</u> State <u>RI</u> Zip <u>02920</u>	City _____ State _____ Zip _____
Secretary Name _____	Treasurer Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

Director Name <u>James A Clarke</u>	Director Name _____
Street Address <u>34 Hoffman Avenue</u>	Street Address _____
City <u>Cranston</u> State <u>RI</u> Zip <u>02920</u>	City _____ State _____ Zip _____
Director Name _____	Director Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

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

AUTHORIZED SHARES	Class/Series	Par Value
<u>1,000 NO PAR VALUE</u>		

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

ISSUED SHARES	Class/Series	Par Value
<u>100</u>		<u>No Par Value</u>

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



* 5 3 1 5 8 *

File Date: 2-7-02
Check No.: 2330
By: [Signature]

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

[Signature] 1/31/02
Signature of Officer Date
James A. Clarke
Print or Type Name of Officer
President
Title of Officer



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. **53158** 2. Name of Corporation **James A. Clarke, Inc.**
3. Street Address Principal Business Office **10 Garsett Avenue** City **CRANSTON** State **RI** Zip **02920**
4. Business Phone No. **401-942-6070** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

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

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

President Name JAMES A. CLARKE	Vice President Name
Street Address 34 HOFFMAN AVENUE	Street Address
City CRANSTON State RI Zip 02920	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name JAMES A. CLARKE	Director Name
Street Address 34 HOFFMAN AVENUE	Street Address
City CRANSTON State RI Zip 02920	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

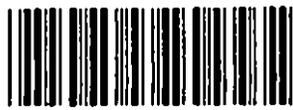
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1000	NO	PAR VAL

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

ISSUED SHARES	Class/Series	Par Value
100	NO	PAR VALUE

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



* 5 3 1 5 8 *

File Date: 4-17-01

Check No.: 18007

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 JAMES A. CLARKE Date _____
Print or Type Name of Officer
Title of Officer PRESIDENT



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. **53158** 2. Name of Corporation **James A. Clarke, Inc.**
3. Street Address Principal Business Office **10 Garrott Avenue** City **Cranston** State **RI** Zip **02920**
4. Business Phone No. **401-942-6070** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**
7. Brief Description of the Character of Business Conducted in Rhode Island **Repairing of Automobiles**

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

President Name James A Clarke	Vice President Name
Street Address 34 Hoffman Avenue	Street Address
City Cranston State RI Zip 02920	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name James A Clarke	Director Name
Street Address 34 Hoffman Avenue	Street Address
City Cranston State RI Zip 02920	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
1000 NO PAR VAL		

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

ISSUED SHARES	Class/Series	Par Value
100		No Par Value

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



* 5 3 1 5 8 *

File Date: 3/1/00

Check No.: 8666

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] Date 2/11/2000

JAMES A CLARKE

PRESIDENT

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 53158		2. Name of Corporation James A. Clarke, Inc.	
3. Street Address Principal Business Office 10 GANSETT AVENUE		City CRAWSTON	State RI
4. Business Phone No. 401-942-6070		5. State of Incorporation RHODE ISLAND	6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island Repairing of Automobiles			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name JAMES A. CLARKE		Vice President Name	
Street Address 34 HOFFMAN AVENUE		Street Address	
City CRAWSTON	State RI	Zip 02920	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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 JAMES A. CLARKE		Director Name	
Street Address 34 HOFFMAN AVENUE		Street Address	
City CRAWSTON	State RI	Zip 02920	
Director Name		Director Name	
Street Address		Street Address	
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	
1000 NO PAR VAL			
		100	NO PAR VALUE

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



File Date: **Feb 23, 99**

Check No.: **0033**

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: **2/23/99**

Print of Type Name of Officer: **JAMES A CLARKE**

Title of Officer: **PRESIDENT**

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. **53158** 2. Name of Corporation **James A. Clarke, Inc.**
3. Street Address Principal Business Office **10 GANSETT AVE** City **CRANSTON** State **RI** Zip **02920**
4. Business Phone No. **(401) 942-6070** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8853**

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

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

President Name JAMES A CLARKE	Vice President Name
Street Address 34 HOFFMAN AVE	Street Address
City CRANSTON State RI Zip 02920	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name JAMES A CLARKE	Director Name
Street Address 34 HOFFMAN AVE	Street Address
City CRANSTON State RI Zip 02920	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
1000 NO PAR VAL

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

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

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



File Date: **2-23-98**

Check No.: **5970**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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

[Signature] **2/17/98**
Signature of Officer Date
JAMES A CLARKE
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)

1. Corporate ID No. **53158** 2. Name of Corporation **James A. Clarke, Inc.**
3. Street Address Principal Business Office **10 GANSETT AVE** City **CRAWSTON** State **RI** Zip **02920**
4. Business Phone No. **(401) 942-6070** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

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

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

President Name JAMES A. CLARKE	Vice President Name
Street Address 34 HOFFMAN AVE	Street Address
City CRAWSTON State RI Zip 02920	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

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

Director Name JAMES A CLARKE	Director Name
Street Address 34 HOFFMAN AVE	Street Address
City CRAWSTON State RI Zip 02920	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000 NO PAR VAL			100		NO PAR VALUE

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



* 5 3 1 5 8 *

File Date: **3-13-97**
Check No.: **5268**
By: **TOP**

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: **3-10-97**
Print or Type Name of Officer: **JAMES A CLARKE**
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. 53158		2. NAME OF CORPORATION James A. Clarke, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 10 GANSETT AVE			CITY CRANSTON	STATE RI	ZIP CODE 02920
4. BUSINESS PHONE NO. 401-942-4070		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 86044999 8953
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND REPAIR OF AUTOMOBILES					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME James A. Clarke			VICE PRESIDENT NAME		
STREET ADDRESS 34 HOFFMAN AVE			STREET ADDRESS		
CITY Cranston	STATE RI	ZIP CODE 02920	CITY	STATE	ZIP CODE
SECRETARY NAME			TREASURER NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME James A. Clarke			DIRECTOR NAME		
STREET ADDRESS 34 HOFFMAN AVENUE			STREET ADDRESS		
CITY CRANSTON	STATE RI	ZIP CODE 02920	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1000	NO PAR VAL		100	-	NO PAR VALUE

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

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

File Date: 4/21/96
Check No: 04569
By: CW
For Secretary of State Use Only

Signature of Officer: *James A. Clarke*
Print or Type Name of Officer: JAMES A. CLARKE
Title of Officer: PRESIDENT
Date: 3-18-96



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

Corporate ID: 0053158 Annual Report for the year: 1995

Name of Corporation: James A. Clarke, Inc.

Business entity organized under the laws of the State of: RI
 For foreign entity, address and telephone number of principal office:

NOT APPLICABLE

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

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

10 GANSETT AVE
 CRANSTON, RI 02920

Brief statement of the character of business conducted in Rhode Island:
Operation of general Automobile repair business

Phone: (401) 948-6070

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>JAMES A CLARKE</u>	<u>34 HOFFMAN AVE</u>	<u>CRANSTON, RI</u>	<u>02920</u>
VICE PRESIDENT			
SECRETARY			
TREASURER			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>JAMES A CLARKE</u> <u>DIR</u>	<u>34 HOFFMAN AVE</u>	<u>CRANSTON RI</u>	<u>02920</u>

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
<u>1,000</u>	<u>- / -</u>	<u>100</u>	<u>- / -</u>

Date 9/10 19 95

By: [Signature]
JAMES A CLARKE
 PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT
 TITLE OF OFFICER SIGNING

Form 31 1995

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

JAMES A CLARKE
 34 HOFFMAN AVE.
 CRANSTON RI 02920

FILED
 OCT 0 1995
 BY CL 4211

Filing Fee \$5000
Payable to
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903 1335
401-277-3040

File Annually
LLC: Sept 1 - Nov 1
CORP: Jan 1 - March 1

Corporate ID 0055158 Annual Report for the year 1994

Name of Business Entity JAMES A. CLARKE, Inc.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office
Not Applicable

Phone () () ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)
10 Gansett Ave
Cranston RI 02920

Phone (401) 942-6070

Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)
 Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:
James A. Clarke Pres
34 Hoffman Ave
Cranston, RI 02920

Brief statement of the character of business conducted in Rhode Island
AUTOMOBILE REPAIR

Date of Organization: 1/1/89
Date of Qualification to do business in Rhode Island (if foreign entity):
N/A

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> PRESIDENT	<u>James A. Clarke</u>	<u>34 Hoffman Ave Cranston, RI</u>	<u>02920</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER			
<input type="checkbox"/> CHIEF OF SALES			
<input type="checkbox"/> CONTROLLER			
<input type="checkbox"/> SECRETARY			
<input type="checkbox"/> TREASURER			

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>James A. Clarke</u>	<u>34 Hoffman Ave</u>	<u>Cranston RI</u>	<u>02920</u>
<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>	<u>[Signature]</u>

NUMBER OF SHARES AUTHORIZED (if Applicable)

NUMBER 1,000

CLASS —

SERIES —

PAR VALUE OR WITHOUT PAR Shares are without par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER 100

CLASS —

SERIES —

PAR VALUE OR WITHOUT PAR Shares are without par value

Date February 3 19 94

By: [Signature]
James A. Clarke
President

FEB 04 1994

SECY OF STAT

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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

JAMES A CLARKE
34 HOFFMAN AVE.
CRANSTON RI 02920

Filing Fee \$50.00

2780715

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0053158 Annual Report for the year 1993

FIRST: The name of the corporation is JAMES A. CLARKE Inc

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is Operation of General automobile REPAIR BUSINESS

FOURTH: If foreign corporation, address of its principal office NOT APPLICABLE

FIFTH: Business address in Rhode Island 10 GARSETT AVENUE
CRANSTON RI 02920

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

Name	Office	Address (including number, street, zip code)
<u>JAMES A. CLARKE</u>	Director	<u>34 HOFFMAN AVE CRANSTON RI 02920</u>
	Director	
	Director	
<u>JAMES A. CLARKE</u>	President	<u>34 HOFFMAN AVE CRANSTON RI 02920</u>
	Vice President	
	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class
<u>1,000</u>	<u>—</u>

Series

Par Value or statement that shares are without par value

Shares are WITHOUT PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class
<u>100</u>	

Series

Par Value or statement that shares are without par value

MAY 26 1993
SECY OF STATE

Dated May 20, 19 93

James A. Clarke, Inc
(Name of Corporation)

By James A. Clarke

Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$50.00

2525 9¹²

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0053158..... Annual Report for the year.....1992.....

FIRST: The name of the corporation is.....James A. Clarke, Inc.....

SECOND: It is incorporated under the laws of.....RHODE ISLAND.....

THIRD: Character of business, briefly stated, is.....OPERATION OF.....

general automobile repair business

FOURTH: If foreign corporation, address of its principal office.....NOT APPLICABLE.....

FIFTH: Business address in Rhode Island *RD GANSETT AVENUE*

CRANSTON RI 02920

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

Name Office Address (including number, street, zip code)

JAMES A. CLARKE Director *34 HOFFMAN AVENUE, CRANSTON RI 02920*

Director

Director

JAMES A. CLARKE President *34 HOFFMAN AVENUE, CRANSTON RI 02920*

Vice President

Secretary

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares Class Series

1,000

-

-

Par Value
or statement that
shares are without
par value

*Shares are without
PAR VALUE*

EIGHTH: Number of Shares issued:

No. of Shares Class Series

100

-

-

Par Value
or statement that
shares are without
par value

*Shares are without
PAR VALUE*

Dated *12-21* 19 *92*

JAMES A. CLARKE, INC.
(Name of Corporation)

By *James A. Clarke*

Title *PRESIDENT*

(Report must be signed by an officer)

Filing Fee \$50.00

2525 JB

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0059159 Annual Report for the year 1991

FIRST: The name of the corporation is James A. Clarke, Inc.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is Operation of
general automobile repair business

FOURTH: If foreign corporation, address of its principal office NOT APPLICABLE

FIFTH: Business address in Rhode Island 10 GANETT AVENUE
CRANSTON, RI 02920

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

Name	Office	Address (including number, street, zip code)
<u>JAMES A. CLARKE</u>	<u>Director</u>	<u>34 HOFFMAN AVENUE, CRANSTON RI 02920</u>
	<u>Director</u>	
	<u>Director</u>	
<u>JAMES A. CLARKE</u>	<u>President</u>	<u>34 HOFFMAN AVENUE, CRANSTON RI 02920</u>
	<u>Vice President</u>	
	<u>Secretary</u>	
	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>-</u>	<u>-</u>	<u>SHARES ARE WITHOUT PAR VALUE</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>-</u>	<u>-</u>	<u>SHARES ARE WITHOUT PAR VALUE</u>

Dated 12-21 19 92

JAMES A. CLARKE, INC.
(Name of Corporation)

By [Signature]

Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$50.00

2525 9/7

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0053158 Annual Report for the year 1990

FIRST: The name of the corporation is JAMES A. CLARKE, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is Operation of general automobile repair business

FOURTH: If foreign corporation, address of its principal office NOT APPLICABLE

FIFTH: Business address in Rhode Island 10 GANSETT AVENUE
CRANSTON RI 02920

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

Name	Office	Address (including number, street, zip code)
<u>JAMES A. CLARKE</u>	<u>Director</u>	<u>34 HOFFMAN AVENUE, CRANSTON, RI 02920</u>
	<u>Director</u>	
	<u>Director</u>	
<u>JAMES A. CLARKE</u>	<u>President</u>	<u>34 HOFFMAN AVENUE, CRANSTON, RI 02920</u>
	<u>Vice President</u>	
	<u>Secretary</u>	
	<u>Treasurer</u>	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1,000</u>	<u>-</u>	<u>-</u>	<u>Shares are without PAR VALUE</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>-</u>	<u>-</u>	<u>SHARES ARE WITHOUT PAR VALUE</u>

Dated 12-21 1992

JAMES A. CLARKE, INC.
(Name of Corporation)
By [Signature]
Title PRESIDENT

(Report must be signed by an officer)

Filing Fee \$50.00

2896 JB.

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

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

1989

Corporate ID: 0045437

Annual Report for the year: 1992

First: The name of the corporation is: CLARK & COOMBS COMPANY

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

Third: Character of business, briefly stated, is: Jewelry manufacture.

Fourth: If foreign corporation, address of its principal office:

Fifth: Business address in Rhode Island: 162 Clifford St., Providence, Rhode Island 02903.

Sixth: Names and addresses of its directors and officers:

Name, Office and Address (including number, street, zip code)

Vito Carneglia, Director, 162 Clifford St., Providence, RI 02903

James P. Wise, Director, 162 Clifford St., Providence, RI 02903

Vito Carneglia, President, 162 Clifford St., Providence, RI 02903

James P. Wise, Vice President, 162 Clifford St., Providence, RI 02903

James P. Wise, Secretary, 162 Clifford St., Providence, RI 02903

Vito Carneglia, Treasurer, 162 Clifford St., Providence, RI 02903

Seventh: Number of Shares Authorized

No. of Shares	Class	Series	Par Value or statement that shares are without par value
75,000	Common		No Par Value

Eighth: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
55,140	Common		No Par Value

Dated: 12/1/92, 1992

CLARK & COOMBS COMPANY

DEC 02 1992

SECY OF STATE

By: James P. Wise
Title: Vice President

(Report must be signed by an officer)