



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

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 95359		2. Name of Corporation Northeast Auto Recycling, Inc.			
3. Street Address Principal Business Office PO BOX 1435			City NORTH SMITHFIELD	State RI	Zip 02896-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A JUNK YARD AND SALVAGE YARD.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILE, IN SPACES BEFORE USING ATTACHMENTS					
President Name Bradley LaFontaine			Vice President Name Bradley LaFontaine		
Street Address 915 Sherman Farm Road			Street Address 915 Sherman Farm Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Bradley LaFontaine			Treasurer Name Bradley LaFontaine		
Street Address 915 Sherman Farm Road			Street Address 915 Sherman Farm Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILE, IN SPACES BEFORE USING ATTACHMENTS					
Director Name Bradley LaFontaine			Director Name		
Street Address 915 Sherman Farm Road			Street Address		
City Harrisville	State RI	Zip 02830	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
500 COMM NO PAR VALUE					

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



9 5 3 5 9

95359 DBC 02/03/05 06:54:11 PM

File Date 2-23-05

Check No. 30050

By: BL

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 _____ Date 2/15/05
Bradley LaFontaine
Print or Type Name of Officer
PRESIDENT
Title of Officer



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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 IN BLACK)

1. Corporate ID No. 95359		2. Name of Corporation Northeast Auto Recycling, Inc.			
3. Street Address Principal Business Office PO BOX 1435			City NORTH SMITHFIELD	State RI	Zip 02896-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A JUNK YARD AND SALVAGE YARD.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bradley LaFontaine			Vice President Name Bradley LaFontaine		
Street Address 915 Sherman Farm Road			Street Address 915 Sherman Farm Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Bradley LaFontaine			Treasurer Name Bradley LaFontaine		
Street Address 915 Sherman Farm Road			Street Address 915 Sherman Farm Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Bradley LaFontaine			Director Name		
Street Address 915 Sherman Farm Road			Street Address		
City Harrisville	State RI	Zip 02830	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
500	COMM	NO PAR VALUE	500	COMMON	NO PAR

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



9 5 3 5 9

95359 DBC 01/10/04 11:46:20 AM

File Date: 3/4/04

Check No. 27407

By: ls

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 _____ Date 2/9/04
Bradley LaFontaine
Print or Type Name of Officer
PRESIDENT
Title of Officer

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



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **95359** 2. Name of Corporation **Northeast Auto Recycling, Inc.**
3. Street Address Principal Business Office **PO Box 1435** City **N. Smithfield** State **RI** Zip **02896**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island
Operate a Junk yard and salvage yard

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

President Name Bradley LaFontaine	Vice President Name Bradley LaFontaine
Street Address 915 Sherman Farm Rd.	Street Address 915 Sherman Farm Rd.
City Harrisville State RI Zip 02830	City Harrisville State RI Zip 02830
Secretary Name Bradley LaFontaine	Treasurer Name Bradley LaFontaine
Street Address 915 Sherman Farm Rd.	Street Address 915 Sherman Farm Rd.
City Harrisville State RI Zip 02830	City Harrisville State RI Zip 02830

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

Director Name Bradley LaFontaine	Director Name
Street Address 915 Sherman Farm Rd.	Street Address
City Harrisville State RI Zip 02830	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

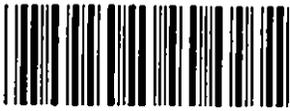
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
-0-

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



* 9 5 3 5 9 *

File Date: 3-3-03
Check No.: 23096
By: IUP

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.

Bradley LaFontaine 2/14/03
Signature of Officer Date
BRADLEY LAFONTAINE
Print or Type Name of Officer
PRESIDENT
Title of Officer



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

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **95359** 2. Name of Corporation **Northeast Auto Recycling, Inc.**
3. Street Address Principal Business Office **PO Box 1435** City **N. Smithfield** State **RI** Zip **02896**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island
Operate a Junk yard and salvage yard

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

President Name Bradley LaFontaine Street Address 915 Sherman Farm Rd. City Harrisville State RI Zip 02830	Vice President Name Bradley LaFontaine Street Address 915 Sherman Farm Rd. City Harrisville State RI Zip 02830
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Secretary Name Bradley LaFontaine Street Address 915 Sherman Farm Rd. City Harrisville State RI Zip 02830	Treasurer Name Bradley LaFontaine Street Address 915 Sherman Farm Rd. City Harrisville State RI Zip 02830
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Bradley LaFontaine Street Address 915 Sherman Farm Rd. City Harrisville State RI Zip 02830	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

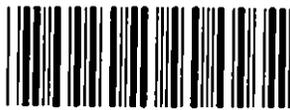
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	500 COMM NO PAR VALUE		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	-0-		

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



* 9 5 3 5 9 *

File Date: 3-6-02
Check No.: 20295
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] 2/27/02
Signature of Officer Date
BRADLEY LAFONTAINE
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. **95359** 2. Name of Corporation **Northeast Auto Recycling, Inc.**
3. Street Address Principal Business Office **PO Box 1435** City **N. Smithfield** State **RI** Zip **02896**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

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

Operate a Junk yard and salvage yard

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

President Name Bradley LaFontaine Street Address 915 Sherman Farm Road City Harrisville State RI Zip 02830	Vice President Name Bradley LaFontaine Street Address 915 Sherman Farm Road City Harrisville State RI Zip 02830
Secretary Name Bradley LaFontaine Street Address 915 Sherman Farm Road City Harrisville State RI Zip 02830	Treasurer Name Bradley LaFontaine Street Address 915 Sherman Farm Road City Harrisville State RI Zip 02830

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

Director Name Bradley LaFontaine Street Address 915 Sherman Farm Road City Harrisville State RI Zip 02830	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

Number of Shares	Class/Series	Par Value
500 COMM NO PAR VALUE		

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

Number of Shares	Class/Series	Par Value
-0-		

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



* 9 5 3 5 9 *

File Date: 3/8

Check No.: 16928

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] 3-1-01
Signature of Officer Date

BRADLEY LaFontaine
Print or Type Name of Officer

President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **95359** 2. Name of Corporation **Northeast Auto Recycling, Inc.**
3. Street Address Principal Business Office **16 Canal St.** City **N. Smithfield** State **RI** Zip **02830**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**
7. Brief Description of the Character of Business Conducted in Rhode Island

Operate a Junk yard and salvage yard

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

President Name Bradley LaFontaine Street Address 915 Sherman Farm Road City Harrisville State RI Zip 02830	Vice President Name Bradley LaFontaine Street Address 915 Sherman Farm Road City Harrisville State RI Zip 02830
Secretary Name Bradley LaFontaine Street Address 915 Sherman Farm Road City Harrisville State RI Zip 02830	Treasurer Name Bradley LaFontaine Street Address 915 Sherman Farm Road City Harrisville State RI Zip 02830

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

Director Name Bradley LaFontaine Street Address 915 Sherman Farm Road City Harrisville State RI Zip 02830	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

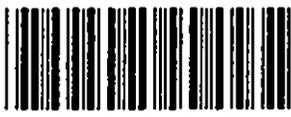
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
500 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
-0-

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



* 9 5 3 5 9 *

File Date: 3/2/00

Check No.: 13754

By: ca

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.

Bradley LaFontaine 2/25/00
Signature of Officer Date

BRADLEY LaFontaine
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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 95359		2. Name of Corporation Northeast Auto Recycling, Inc.					
3. Street Address Principal Business Office 16 Canal St.				City N. Smithfield	State RI	Zip 02896	
4. Business Phone No.			5. State of Incorporation RHODE ISLAND			6. SIC Code 0000	
7. Brief Description of the Character of Business Conducted in Rhode Island Operate a junk yard and salvage yard							
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Bradley LaFontaine				Vice President Name Bradley LaFontaine			
Street Address 915 Sherman Farm Road				Street Address 915 Sherman Farm Road			
City Harrisville	State RI	Zip 02830		City Harrisville	State RI	Zip 02830	
Secretary Name Bradley LaFontaine				Treasurer Name Bradley LaFontaine			
Street Address 915 Sherman Farm Road				Street Address 915 Sherman Farm Rd.			
City Harrisville	State RI	Zip 02830		City Harrisville	State RI	Zip 02830-	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name Bradley LaFontaine				Director Name			
Street Address 915 Sherman Farm Rd.				Street Address			
City Harrisville	State RI	Zip 02830		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	
500 COMM NO PAR VALUE				-0-			

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: May 4, 1999
Check No.: 10975
By: [Signature]

Signature of Officer: [Signature] Date: 2-24-99
Print or Type Name of Officer: Bradley LaFontaine
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. 95359		2. Name of Corporation Northeast Auto Recycling, Inc.			
3. Street Address Principal Business Office 16 Canal St.			City N. Smithfield	State RI	Zip 02896
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island operate a junk yard and salvage yard					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Bradley LaFontaine			Vice President Name Bradley LaFontaine		
Street Address 915 Sherman Farm Road			Street Address 915 Sherman Farm Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Bradley LaFontaine			Treasurer Name Bradley LaFontaine		
Street Address 915 Sherman Farm Road			Street Address 915 Sherman Farm Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Bradley LaFontaine			Director Name Bradley LaFontaine		
Street Address 915 Sherman Farm Road			Street Address 915 Sherman Farm Road		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM NO PAR VALUE			-0-		
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					

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



* 9 5 3 5 9 *

File Date: 3/9

Check No.: 7439

By: KLW

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: *Bradley LaFontaine* Date: 3-3-98

Print or Type Name of Officer: BRADLEY LaFontaine

Title of Officer: President