



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. 112760		2. Name of Corporation RAYMOND J D'ALESSIO JR. INC			
3. Street Address Principal Business Office 915 BROAD STREET			City CENTRAL FALLS	State RI	Zip 02863
4. Business Phone No. 401-722-2910		5. State of Incorporation RHODE ISLAND			6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island AUTO BODY REPAIR AND MECHANICAL REPAIR					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RAYMOND D'ALESSIO JR			Vice President Name RAYMOND D'ALESSIO JR		
Street Address 15 LAPRE ROAD			Street Address 15 LAPRE ROAD		
City N. SMITHFIELD	State RI	Zip 02896	City N. SMITHFIELD	State RI	Zip 02896
Secretary Name RAYMOND D'ALESSIO JR			Treasurer Name RAYMOND D'ALESSIO JR		
Street Address 15 LAPRE ROAD			Street Address 15 LAPRE ROAD		
City N. SMITHFIELD	State RI	Zip 02896	City N. SMITHFIELD	State RI	Zip 02896
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RAYMOND D'ALESSIO JR			Director Name		
Street Address 15 LAPRE ROAD			Street Address		
City N. SMITHFIELD	State RI	Zip 02896	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
1000	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



1 1 2 7 6 0

File Date 8/25/05
 Check No. 5697
 By: NA
 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.

Raymond D'Alessio Jr
 Signature of Officer Date
 RAYMOND D'ALESSIO JR
 Print or Type Name of Officer
 PRESIDENT
 Title of Officer



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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 112760		2. Name of Corporation RAYMOND J D'ALESSIO JR. INC			
3. Street Address Principal Business Office 915 BROAD STREET			City CENTRAL FALLS	State RI	Zip 02863
4. Business Phone No. 401-722-2910		5. State of Incorporation RHODE ISLAND			6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island AUTO BODY REPAIR AND AUTO MECHANICAL REPAIR					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RAYMOND D'ALESSIO			Vice President Name RAYMOND D'ALESSIO		
Street Address 15 LAPRE ROAD			Street Address 15 LAPRE ROAD		
City N. SMITHFIELD	State RI	Zip 02896	City N. SMITHFIELD	State RI	Zip 02896
Secretary Name RAYMOND D'ALESSIO			Treasurer Name RAYMOND D'ALESSIO		
Street Address 15 LAPRE ROAD			Street Address 15 LAPRE ROAD		
City N. SMITHFIELD	State RI	Zip 02896	City N. SMITHFIELD	State RI	Zip 02896
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name RAYMOND D'ALESSIO			Director Name		
Street Address 15 LAPRE ROAD			Street Address		
City N. SMITHFIELD	State RI	Zip 02896	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"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	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



1 1 2 7 6 0

File Date 3-4-04
 Check No. 4565
 By: au
 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 Raymond D'Alessio Date _____
 Print or Type Name of Officer
RAYMOND D'ALESSIO
 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. **112760** 2. Name of Corporation **RAYMOND J. D'ALESSIO JR., INC.**
3. Street Address Principal Business Office **915 BROAD STREET** City **CENTRAL FALLS** State **RI** Zip **02863**
4. Business Phone No. **401-722-2910** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

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

President Name RAYMOND D'ALESSIO Street Address 15 LAPRE ROAD City N. SMITHFIELD State RI Zip 02896	Vice President Name RAYMOND D'ALESSIO Street Address 15 LAPRE ROAD City N. SMITHFIELD State RI Zip 02895
Secretary Name RAYMOND D'ALESSIO Street Address 15 LAPRE ROAD City N. SMITHFIELD State RI Zip 02896	Treasurer Name RAYMOND D'ALESSIO Street Address 15 LAPRE ROAD City N. SMITHFIELD State RI Zip 02896

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

Director Name RAYMOND D'ALESSIO Street Address 15 LAPRE ROAD City N. SMITHFIELD State RI Zip 02896	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	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED 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



* 1 1 2 7 6 0 *

File Date: 1-22-03
Check No.: 3733
By: UP

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.

Raymond D'Alessio 1-20-03
Signature of Officer Date

RAYMOND D'ALESSIO
Print or Type Name of Officer

PRESIDENT
Title of Officer



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. **112760**
2. Name of Corporation **RAYMOND J. D'ALESSIO JR., INC.**
3. Street Address Principal Business Office
915 Broad ST
4. Business Phone No. **401-722-2910**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Auto Body Repair

City **Central Falls** State **RI** Zip **02863**
6. SIC Code

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

President Name **Raymond D'Alessio**
Street Address **15 Lapre RD**
City **N. Smithfield** State **RI** Zip **02896**
Secretary Name **Ryamond D'Alessio**
Street Address **15 Lapre RD**
City **N. Smithfield** State **RI** Zip **02896**

Vice President Name **Raymond D'Alessio**
Street Address **15 Lapre RD**
City **N. Smithfield** State **RI** Zip **02896**
Treasurer Name **Raymond D'Alessio**
Street Address **15 Lapre RD**
City **N. Smithfield** State **RI** Zip **02896**

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

Director Name **Raymond D'Alessio**
Street Address **15 Lapre RD**
City **N. Smithfield** State **RI** Zip **02896**

Director Name
Street Address
City State Zip

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

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

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

ISSUED SHARES	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



* 1 1 2 7 6 0 *

File Date: 1-23-02
Check No.: 2787
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] 1-19-02
Signature of Officer Date

Print or Type Name of Officer
President

Title of Officer
5



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. **112760** 2. Name of Corporation **RAYMOND J. D'ALESSIO JR., INC.**
3. Street Address Principal Business Office **915 BROAD STREET** City **CENTRAL FALLS** State **RI** Zip **02863**
4. Business Phone No. **401-722-2910** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

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

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

President Name RAYMOND D'ALESSIO JR. Street Address 15 LAPRE ROAD City State Zip NO SMITHFIELD RI 02896	Vice President Name RAYMOND D'ALESSIO JR. Street Address 15 LAPRE ROAD City State Zip NO SMITHFIELD RI 02896
Secretary Name RAYMOND D'ALESSIO JR Street Address 15 LAPRE ROAD City State Zip NO SMITHFIELD RI 02896	Treasurer Name RAYMOND D'ALESSIO JR Street Address 15 LAPRE ROAD City State Zip NO SMITHFIELD RI 02896

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

Director Name RAYMOND D'ALESSIO JR Street Address 15 LAPRE ROAD City State Zip NO SMITHFIELD RI 02896	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
1,000 NO PAR VALUE

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

ISSUED SHARES
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.



* 1 1 2 7 6 0 *

File Date: 6-7-01
Check No.: 2034
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]
Signature of Officer Date
Raymond J. D'Allesio Jr.
Print of Type Name of Officer
PRESIDENT
Title of Officer