



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 89660		2. Exact name of the limited liability company Tarbox Management, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island AUTOMOBILE DEALERSHIP			
5. Principal office address 6975 Post Road		City North Kingstown	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Edward P. Tarbox			Contact Title Member		
Street Address 6975 Post Road		City North Kingstown	State RI	Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name no managers			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DANIEL STONE, ESQ.			Address		
Address 260 WEST EXCHANGE STREET, SUITE 305-2		City PROVIDENCE	Zip 02903		

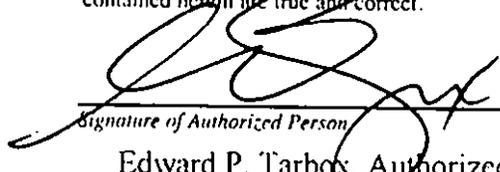
This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



89660

File Date	11.02.05
Check No.	54487
By:	ET
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 Authorized Person Date **10.28.05**
Edward P. Tarbox, Authorized Person
Print or Type Name of Authorized Person



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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5. Principal office address 6975 Post Road		City North Kingstown	State RI	Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Edward P. Tarbox			Contact Title Member		
Street Address 6975 Post Road		City North Kingstown	State RI	Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name no managers			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DANIEL STONE			Address		
Address 260 WEST EXCHANGE STREET, SUITE 305-2			City PROVIDENCE	Zip 02903	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 8 9 6 6 0 *

File Date: 10/5/04
 Check No.: 045077
 By: ES
 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] 9.24.04
 Signature of Authorized Person Date
Edward P. Tarbox, Authorized Person
[Stamp]
 Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 89660		2. Exact name of the limited liability company Tarbox Management, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island AUTOMOBILE DEALERSHIP			
5. Principal office address 6975 Post Road		City North Kingstown	State RI	Zip 02878	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Edward P. Tarbox			Contact Title Member		
Street Address 6975 Post Road		City North Kingstown	State RI	Zip 02878	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name no managers			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name DANIEL STONE			Address		
Address 260 WEST EXCHANGE STREET, SUITE 305-2			City PROVIDENCE	Zip 02903	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 8 9 6 6 0 *

File Date 12/2/03
Check No. 040687
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 hereon are true and correct.

[Signature] Date 11/29/03
Signature of Authorized Person
Edward P. Tarbox, Authorized Person
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 89660		2. Exact name of the limited liability company Tarbox Management, L.L.C.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island AUTOMOBILE DEALERSHIP	
5. Principal office address 1100 Tower Hill Road		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Edward P. Tarbox		Contact Title Member	
Street Address 1100 Tower Hill Road		City North Kingstown	State RI
		Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name no managers		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
			*State
			*Zip
Manager Name		*Manager Name	
Street Address		*Street Address	
City	State	Zip	*City
			*State
			*Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642, R.I.G.L. 7-16-11			
Agent Name DANIEL STONE		Address	
Address 260 WEST EXCHANGE STREET, SUITE 305-2		City PROVIDENCE	Zip 02903

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 8 9 6 6 0 *

File Date	9-9-02
Check No.	34791
By:	<i>[Signature]</i>
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]
Signature of Authorized Person Date

Member
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number DLLC 89660

Annual Report for the year 2000

1. The name of the limited liability company is:

Tarbox Management, L.L.C.

2. The address of the principal office of the limited liability company is:

6975 Post Road, North Kingstown, RI 02852

3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island

4. The name and address of its resident agent is: Daniel Stone

Suite 305-2, 260 West Exchange St., Providence, RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 6975 Post Road, North Kingstown, RI 02852

Attn: Edward P. Tarbox

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: automobile dealership.

7. If the limited liability company has managers, list the name and address of each manager:

Name	Address
no Managers	

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: October 6, 2000

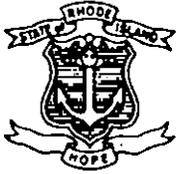
Tarbox Management, L.L.C.
Exact Name of Limited Liability Company

FILED
NOV 10 2000
By ce/6045

By [Signature]
member
Title

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 89660

Annual Report for the year 1999

1. The name of the limited liability company is:

Tarbox Management, L.L.C.

2. The address of the principal office of the limited liability company is:

1100 Tower Hill Road, North Kingstown, RI 02852

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: DANIEL STONE

SUITE 305-2 260 WEST EXCHANGE STREET PROVIDENCE, RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Nicholas D. Tarbox, Jr., Member, Tarbox

Management, L.L.C., 1100 Tower Hill Road, North Kingstown, RI 02852

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: operation of automobile dealership

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

no managers

Dated 9/24/99

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.

Tarbox Management, L.L.C.

Exact Name of Limited Liability Company

By [Signature]

Member

Title



* 8 9 6 6 0 *

FOR SECRETARY OF STATE USE ONLY

File Date: 9-27-99

Check No.: 20828

By: AMF

Form No. 632
Revised 01/99

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number LL 89660

Annual Report for the year 1998

1. The name of the limited liability company is:

Tarbox Management, L.L.C.

2. The address of the principal office of the limited liability company is:

6975 Post Road, North Kingstown, Rhode Island 02852

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: DANIEL STONE

260 WEST EXCHANGE STREET, STE.305-2 PROVIDENCE, RI 02903

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 6975 Post Road, North Kingstown, Rhode Island 02852 Attn:

Nicholas D. Tarbox, Jr.

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Own and operate automobile dealership

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

N/A

Dated 9/9, 19 98



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.

Tarbox Management, L.L.C.

Exact Name of Limited Liability Company

By [Signature]

Member

V Pres
Title

FOR SECRETARY OF STATE USE ONLY	
File Date:	<u>9.11.98</u>
Check No.:	<u>10995</u>
By:	<u>UP</u>

Form No. LLC-19
Revised 8/97

DETACH BOTTOM BEFORE RETURNING

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 0089660

Annual Report for the year 1997

- The name of the limited liability company is:
Tarbox Management, L.L.C.
- The address of the principal office of the limited liability company is:
1100 Tower Hill Road, North Kingstown, RI 02852
- The state or other jurisdiction under the laws of which it is formed is: Rhode Island
- The name and address of its resident agent is: Daniel Stone, 260 West Exchange Street, Suite 305-2, Providence, RI 02903
- The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: Nicholas D. Tarbox, Jr., 1100 Tower Hill Road, North Kingstown, RI 02852
- A brief statement of the character of the business in which the limited liability company is actually engaged in this state: operation of automobile dealership
- If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

no managers

Dated Sept 5, 1997

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.

Tarbox Management, L.L.C.

Exact Name of Limited Liability Company

By [Signature]

Member

Title

FILED
SEP 16 1997
BY [Signature]