

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 ____

2005

Filing Period: Sept (FORM MUST BE TYPE			• Filing Fee: \$50.0	vo		
1. ID No		exact name of the limited liability company				
118964		ire & Service Center, LLC				
3. State of Formation		4. Brief description of the character of the business which is actually conducted in Rhode Island				
RHODE ISLAND		RETAIL				
5. Principal office addr	rss	- - -		City:	State	Zip
100 Main Street 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND			Pawtucket	RI	02860	
Contact Name	VL35 OF L	amieo lab	ILITI COMPANI AND	Contact Title	PERSON:	**************************************
Andrew A. G	<u>ates</u>			Manager		
Street Address			City.	State	Zip	
100 Main St	reet			Pawtucket	RI	02860
		FILL IN SI	PACES BEFORE USING.	LIABILITY COMPANY, IF APP ATTACHMENTS ("X" BOX FI ES FILING OF AMENDMENT, I	OR ATTACHMENT) [
Andrew A. Gaices			Manager Name			
Street Address			Street Address			
100 Main St	reet	Ta .				-
City Pawtucket		State RI	<i>дъ</i> 02860	City	State	Zip
Manager Name	• • • • • • • • • • • • • • • • • • • •	1	102000	Manager Name		JJ
Street Address			Sirect Address			
City	· ·	State	Zip	Сну	State	Zip
8. RESIDENT AGE Agent Name	NT IN RH	IODE ISLAND	DO NOT ALTER - Ch	inges require filing of Form	642 - R.I.G.L. 7-16-1	11
V. DUNCAN JOHNS	DN, ESQ.			EDWARDS & ANGELL, LLP		
Address			Ciry:	Zip		
2800 FINANCIAL PLAZA			PROVIDENCE	02903-		

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

File Date Check No.	1756	
<i>By</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.

by Ann 1. Lates, mg. 9/26/0

Signature of Authorized Person

27416

Andrew A. Gates

Print or Type Name of Authorized Person



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) I. ID No. 2. Exact name of the limited liabilty company 118964 Apex Tire & Service Center, LLC 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island Rhode Island 5. Principal office address City State 100 Main Street Pawtucket RI 02860 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSONS Contact Name Contact Title Andrew A. Gates . Manager Street Address City State Zp100 Main Street . Pawtucket RI 02860 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 · Manager Name Andrew A. Gates Street Address Sireci Address 100 Main Street City State Zip Cin. State Zip Pawtucket RI 02860 Manager Name Manager Name Street Address ·Sireci Address City State Zip Ciry Zip State 8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11 Address V. Duncan Johnson, Esq. c/o Edwards & Angell, LLP Address City Zip 2800 Financial Plaza Providence, RI 02903

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



File Date \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	112/04			
Check No.	979			
B <u>y:</u>	DA			
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 your and correct.

by- half for October 6, 2004

Signature of Authorized Person I

Andrew A. Gates, Manager 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

2003

(FORM MUST BE TYPED						
1. II) No.		a name of the limited liability company				
118964		ex Tire & Service Center, LLC				
3 State of Formation 4. Brief description of the character of the busin			ess which is actually conducted in Rho	de Island		
RHODE ISLAND	Retail					
5. Principal office address		-	City	State	. Zip	
100 Main Stree	et		Pawtucket	RI	02860	
6. MAILING ADDRES	SS OF LIMITED LIABILIT	TY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:	1 02000	
Contact Name			Contact Title			
Andrew A. Gate	es		Manager			
Street Address			City	State	Zip	
100 Main Stree	et		Pawtucket	_{RI}	02860	
7. NAME AND ADDE	ESS OF EACH MANAGE	R OF THE LIMITED L	JABILITY COMPANY, IF APP	LICABLE	, 02000	
4 212	FILL IN SPAC	ES BEFORE USING A	TTACHMENTS ("X" BOX FO	OR ATTACHMENT) 🔲		
1	MODIFICATIONS TO N	IANAGERS REQUIRES	S FILING OF AMENDMENT, F	l.I.G.J 7-16-12 (a) (2)	7-16-52	
Manager Name			Manager Name			
Andrew A. Gat	<u>es</u>					
Street Address			Street Address			
100 Main Stre	et					
City	State	Zip	City	State	Zip	
Pawtucket	l RI					
Manager Name			Manager Name			
Street Address	<u> </u>		<u> </u>	·		
Sirey Maires			Street Address			
City	State	Tan			· · · · · · · · · · · · · · · · · · ·	
,,	State	Zip	City	State	Zip	
8. RESIDENT AGENT	ı ' IN RHODE ISLAND - D	l O NOT ALTER - Chan	: nges require filing of Form	 		
Agent Name	_		Address	042 · K.I.G.L. /-10-11		
CANDDA MATDONE M						
SANDRA MATRONE M	ACK, SEC.		HASLAW, LLC	— — ——————————————————————————————————	<u> </u>	
		Ļ	City	Zip		
1500 FLEET CENTER		<u> </u>	PROVIDENCE		02903-	

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

		*
	FILED	
File Date	OCT 0-9-2003	
Check No.	By 105 OM	
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.

Sprawe of Authorized Person Duce

Print or Type Name of Authorized Person

Manager



2. Exact name of the limited liabilty company

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No.

118964

Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

118964	Apex 1	lire & Service Cente	r, LLC			
3. State of Formation	_	4. Brief description of	the character of the busine	ess which is actually conducte	ed in Rhode Island	
RHODE ISLAND		Retail				
5. Principal office addre			•	City	State	Zip
100 Main Stre		<u> </u>		Pawtucket	RI	02860
6. MAILING ADDI	RESS O	F LIMITED LIAB	ILITY COMPANY A	AND NAME OR TITLE	E OF CONTACT P	ERSON:
				Contact Title		
Andrew A. Gat	es			Manager	State	Zıp
100 Main Stre	et			Pawtucket	RT	
		F EACH MANAG	ER OF THE LIMIT	ED LIABILITY COMP		
		FILL IN SPACES	BEFORE USING ATT.	ACHMENTS ("X" BO	X FOR ATTACHMENT	:
	ANY MO	ODIFICATIONS TO MA	ANAGERS REQUIRES	FILING OF AMENDMENT.	R.I.G.L 7-16-12 (a) (2) / 7-16-52
Manager Name				• Manager Name		
Andrew A. Gat	es	<u> </u>	· · · · · · · · · · · · · · · · · · ·	•		
Street Address				· Street Address		
100 Main Stre	<u>et </u>	State	17:	*City	Icon	
Pawtucket		RI	<i>Zip</i> 02860	·	State	Zip
Manager Name	• • • •)	102000	Manager Name		
				•		
Street Address				Street Address		
City		State	[7			- 17/2
City		Siure	Zip	·Ciry	State	Zip
8. RESIDENT AGEN	T IN RE	IODE ISLAND-00	NOT ALTER- Change	es require filing of l	Form 642 . P.I.C.L	7 16.11
Agent Name				Address	1 01111 042 - K.I.G.L.	7-10-11
SANDRA MATRONE M	IACK, SE	C.		HASLAW, LLC		
Address			<u> </u>	City		Zip
1500 FLEET CENTER				PROVIDENCE		02903-
This man are sured to			. ,			
This report must be	signed * 1	1. 8 9 6 4			marium. I daala u u d	
File Date	· 4 10 1	1.02		this report, includ and that all statem	ing any accompanying nents contained herein	affirm that I have examined a schedules and statements, are true and correct. 10/28/02- Date
FOR SECRETARY OF	STATE U	ISE ONLY		Print or Type Name	Sates of Authorized Person	
L			J			Form 632 Rev. 6/0: