



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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 118964		2. Exact name of the limited liability company Apex Tire & Service Center, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RETAIL	
5. Principal office address 100 Main Street		City Pawtucket	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Andrew A. Gates		Contact Title Manager	
Street Address 100 Main Street		City Pawtucket	State RI
		Zip 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) <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 Andrew A. Gates		Manager Name	
Street Address 100 Main Street		Street Address	
City Pawtucket	State RI	City	State
	Zip 02860		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 V. DUNCAN JOHNSON, ESQ.		Address EDWARDS & ANGELL, LLP	
Address 2800 FINANCIAL PLAZA		City PROVIDENCE	Zip 02903-

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



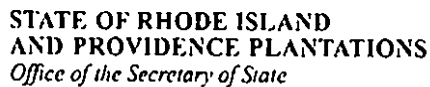
File Date	10/9/05	118964*
Check No.	1756	
By:	[Signature]	
FOR SECRETARY OF STATE USE ONLY		

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.

by Andrew A. Gates, reg. 9/26/05
Signature of Authorized Person Date

Andrew A. Gates

Print or Type Name of Authorized Person



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 118964		2. Exact name of the limited liability company Apex Tire & Service Center, LLC	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Retail	
5. Principal office address 100 Main Street		City Pawtucket	State RI Zip 02860
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Andrew A. Gates		Contact Title Manager	
Street Address 100 Main Street		City Pawtucket	State RI Zip 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) <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 Andrew A. Gates		• Manager Name .	
Street Address 100 Main Street		• Street Address .	
City Pawtucket	State RI	Zip 02860	• City .
Manager Name		• Manager Name	
Street Address		• Street Address	
City	State	Zip	• City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name V. Duncan Johnson, Esq.		Address c/o Edwards & Angell, LLP	
Address 2800 Financial Plaza		City Providence, RI	Zip 02903

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



File Date 10/12/04
Check No. 979
By: 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 true and correct.

by: Andrew R. Soto October 6, 2004
Signature of Authorized Person Date

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

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. 118964		2. Exact name of the limited liability company Apex Tire & Service Center, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Retail	
5. Principal office address 100 Main Street		City Pawtucket	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Andrew A. Gates		Contact Title Manager	
Street Address 100 Main Street		City Pawtucket	State RI
		Zip 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) <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 Andrew A. Gates		Manager Name	
Street Address 100 Main Street		Street Address	
City Pawtucket	State RI	City	State
	Zip 02860		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 SANDRA MATRONE MACK, SEC.		Address HASLAW, LLC	
Address 1500 FLEET CENTER		City PROVIDENCE	Zip 02903-

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



* 1 1 8 0 6 4 *

FILED

File Date OCT 09 2003
Check No. By 105 CMA
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.

by Andrew A. Gates, Manager
Signature of Authorized Person Date

Andrew A. Gates, Manager
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. 118964		2. Exact name of the limited liability company Apex Tire & Service Center, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Retail	
5. Principal office address 100 Main Street		City Pawtucket	State RI
		Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Andrew A. Gates		Contact Title Manager	
Street Address 100 Main Street		City Pawtucket	State RI
		Zip 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) <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 Andrew A. Gates		Manager Name	
Street Address 100 Main Street		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 SANDRA MATRONE MACK, SEC.		Address HASLAW, LLC	
Address 1500 FLEET CENTER		City PROVIDENCE	Zip 02903-

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



* 1 1 8 9 6 4 *

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 10/28/02

Andrew A. Gates
Print or Type Name of Authorized Person

File Date	11-4-02
Check No.	101
By:	
FOR SECRETARY OF STATE USE ONLY	