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. 11666

2. Name of Corporation TRAVER CORPORATION

3. Street Address Principal Business Office 299 ALLENS AVENUE

City PROVIDENCE *State* RI *Zip* 02908

4. Business Phone No. 4014619200

5. State of Incorporation RHODE ISLAND

6. SIC Code 8953

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

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

President Name John M. Voccola, Jr.
Street Address 299 Allens Avenue
City Providence *State* RI *Zip* 02908

Vice President Name John M. Voccola.Jr.
Street Address 299 Allens Avenue
City Providence *State* RI *Zip* 02908

Secretary Name John M. Voccola, Jr.
Street Address 299 Allens Avenue
City Providence *State* RI *Zip* 02908

Treasurer Name John M. Voccola, Jr.
Street Address 299 Allens Avenue
City Providence *State* RI *Zip* 02908

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

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

Director Name None
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
3,000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
3000	Common	No Par

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

[redacted] 11666

11666 DBC 01/15/05 12:41:08 PM
File Date FILED
Check No. FEB 24 2005 10975
By: By
FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 2/16/05

John M. Voccola, Jr.
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
11666	TRAVER CORPORATION

3. Street Address Principal Business Office	City	State	Zip
299 Allens Avenue	Providence	RI	02908

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 461-9200	RHODE ISLAND	8953

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

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

President Name	Street Address	City	State	Zip
John M. Voccola, Jr.	299 Allens Avenue	Providence	RI	02908

Vice President Name	Street Address	City	State	Zip
John M. Voccola, Jr.	299 Allens Avenue	Providence	RI	02908

Secretary Name	Street Address	City	State	Zip
John M. Voccola, Jr.	299 Allens Avenue	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
John M. Voccola, Jr.	299 Allens Avenue	Providence	RI	02908

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

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ 11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
3,000	COMM	NO PAR VALUE	3000	Common	No Par

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

[redacted]

* 1 1 6 6 6 *

File Date 3.2.04

Check No. 10930

By: MP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 2/25/04

John M. Voccola, Jr.
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 Rev. 12/03

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

STOP
PLEASE READ INSTRUCTIONS

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.: 11666
2. Name of Corporation: TRAVER CORPORATION
3. Street Address Principal Business Office: 299 Allens Avenue — City: Providence — State: RI — Zip: 02908
4. Business Phone No.: (401)461-9200
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 8953
7. Brief Description of the Character of Business Conducted in Rhode Island: General Auto Body Repair Shop

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

President Name: John M. Voccola, Jr.
Street Address: 299 Allens Avenue
City: Providence — State: RI — Zip: 02908

Vice President Name: John M. Voccola, Jr.
Street Address: 299 Allens Avenue
City: Providence — State: RI — Zip: 02908

Secretary Name: John M. Voccola, Jr.
Street Address: 299 Allens Avenue
City: Providence — State: RI — Zip: 02908

Treasurer Name: John M. Voccola, Jr.
Street Address: 299 Allens Avenue
City: Providence — State: RI — Zip: 02908

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

Director Name: None
Street Address:
City — State — Zip:

Director Name: None
Street Address:
City — State — Zip:

Director Name: None
Street Address:
City — State — Zip:

Director Name: None
Street Address:
City — State — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
3,000 COMM NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
3000	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 6 6 6 *

File Date: 2-6-03

Check No.: 10645

By: LP

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: 1/31/03

John M. Voccola, Jr.
Print or Type Name of Officer

President
Title of Officer

Form 630 12/02

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

STOP
PLEASE READ INSTRUCTIONS

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.: 11666
2. Name of Corporation: TRAVER CORPORATION
3. Street Address Principal Business Office: 299 ALLENS AVE
   City: PROVIDENCE State: RI Zip: 02908
4. Business Phone No.: 461-9200
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 8953
7. Brief Description of the Character of Business Conducted in Rhode Island: GENERAL AUTO BODY REPAIR SHOP

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

President Name: JOHN M VOCCOLA JR
Street Address: 299 ALLENS AVE
City: PROVIDENCE State: RI Zip: 02098

Vice President Name: JOHN M VOCCOLA JR
Street Address: 299 ALLENS AVE
City: PROVIDENCE State: RI Zip: 02908

Secretary Name: JOHN M VOCCOLA JR
Street Address: 299 ALLENS AVE
City: PROVIDENCE State: RI Zip: 02908

Treasurer Name: JOHN M VOCCOLA JR
Street Address: 299 ALLENS AVE
City: PROVIDENCE State: RI Zip: 02908

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

Director Name
Street Address
City State Zip

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
3,000	COMM	NO PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
3000	COMMON	NO PAR

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

[redacted] * 1 1 6 6 6 * [redacted]

File Date: 3/13/02

Check No.: 9084

By: KB

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.

[redacted] 3/6/02
Signature of Officer *Date*

John M Voccola Jr.
Print or Type Name of Officer

Pres
Title of Officer

Form 630 12/01

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

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 11666

2. Name of Corporation TRAVER CORPORATION

3. Street Address Principal Business Office 299 Allens Ave

City Providence *State* RI *Zip* 02908

4. Business Phone No. 461-9200

5. State of Incorporation RHODE ISLAND

6. SIC Code 8953

7. Brief Description of the Character of Business Conducted in Rhode Island
general auto body repair shop

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

President Name John M Voccola Jr
Street Address 299 Allens Ave
City Providence *State* RI *Zip* 02908

Vice President Name John M Voccola Jr
Street Address 299 Allens Ave
City Providence *State* RI *Zip* 02908

Secretary Name John M Voccola Jr
Street Address 299 Allens Ave
City Providence *State* RI *Zip* 02908

Treasurer Name John M Voccola Jr
Street Address 299 Allens Ave
City Providence *State* RI *Zip* 02908

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

Director Name
Street Address
City *State* *Zip*

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*
3000 NO PAR COM		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
3000	common	no par

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

[redacted]

* 1 1 6 6 *

File Date: 3-1-01

Check No.: 8553

By: WP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

John M Voccola 2/5/2001
Signature of Officer *Date*

John M Voccola Jr.
Print or Type Name of Officer

Pres
Title of Officer

Form 630 12/00

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

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.	2. Name of Corporation
11666	TRAVER CORPORATION

3. Street Address Principal Business Office	City	State	Zip
299 Allens Ave	Providence	RI	02908

4. Business Phone No.	5. State of Incorporation	6. SIC Code
461-9200	RHODE ISLAND	8953

7. Brief Description of the Character of Business Conducted in Rhode Island
general auto body repair shop

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

President Name	Street Address	City	State	Zip
John M Voccola Jr	299 Allens Ave	Providence	RI	02908

Vice President Name	Street Address	City	State	Zip
John M Voccola Jr	299 Allens Ave	Providence	RI	02908

Secretary Name	Street Address	City	State	Zip
John M Voccola Jr	299 Allens Ave	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
John M Voccola Jr	299 Allens Ave	Providence	RI	02908

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

Director Name	Street Address	City	State	Zip

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
3000 NO PAR COM		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
3000	common	no par

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

[redacted]

* 11666 *

[redacted]

File Date: [illegible]

Check No.: FEB 28 2000

By: MD 8096

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.

John M Voccola 2/22/00
Signature of Officer *Date*

John M Voccola Jr
Print or Type Name of Officer

Pres
Title of Officer

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

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.	2. Name of Corporation			
11666	TRAVER CORPORATION			
3. Street Address Principal Business Office		City	State	Zip
299 ALLENS AVE		PROVIDENCE	RI	02908
4. Business Phone No.	5. State of Incorporation			6. SIC Code
461-9200	RHODE ISLAND			8953

7. Brief Description of the Character of Business Conducted in Rhode Island
general auto body repair shop

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

President Name	Street Address	City	State	Zip
JOHN M VOCCOLA JR	299 ALLENS AVE	PROVIDENCE	RI	02908

Vice President Name	Street Address	City	State	Zip
JOHN M VOCCOLA JR	299 ALLENS AVE	PROVIDENCE	RI	02908

Secretary Name	Street Address	City	State	Zip
JOHN M VOCCOLA JR	299 ALLENS AVE	PROVIDENCE	RI	02908

Treasurer Name	Street Address	City	State	Zip
JOHN M VOCCOLA JR	299 ALLENS AVE	PROVIDENCE	RI	02908

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

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3000 NO PAR COM			3000	common	no par

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

[redacted] *11666* [redacted]

File Date: Mar 5, 99
Check No.: 4737
By: LO
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.

John M C 2/24/99
Signature of Officer *Date*

JOHN M VOCCOLA JR
Print or Type Name of Officer

Title of Officer

Form 31 12/96

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

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.	2. Name of Corporation
11666	TRAVER CORPORATION

3. Street Address Principal Business Office	City	State	Zip
299 ALLENS AVE	PROVIDENCE	RI	02908

4. Business Phone No.	5. State of Incorporation	6. SIC Code
461-9200	RHODE ISLAND	8953

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

general auto body repair shop

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) ☐

President Name	Street Address	City	State	Zip
JOHN M VOCCOLA JR	299 ALLENS AVE	PROVIDENCE	RI	02908

Vice President Name	Street Address	City	State	Zip
JOHN M VOCCOLA JR	299 ALLENS AVE	PROVIDENCE	RI	02908

Secretary Name	Street Address	City	State	Zip
JOHN M VOCCOLA JR	299 ALLENS AVE	PROVIDENCE	RI	02908

Treasurer Name	Street Address	City	State	Zip
JOHN M VOCCOLA JR	299 ALLENS AVE	PROVIDENCE	RI	02908

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) ☐

Director Name	Street Address	City	State	Zip

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
3000 NO PAR COM		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
3000	common	no par

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

[redacted]

* 1 1 6 6 6 *

File Date: 2/23

Check No.: 7284

By: KD

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

John M Voccola 2/17/98

Signature of Officer *Date*

JOHN M VOCCOLA JR

Print or Type Name of Officer

[redacted] PRESIDENT

Title of Officer

Form 31 12/96

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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
11666	TRAVER CORPORATION			
3. Street Address Principal Business Office		City	State	Zip
299 ALLENS AVENUE		PROVIDENCE	RI	02908
4. Business Phone No.	5. State of Incorporation			6. SIC Code
461-9200	RHODE ISLAND			8953

7. Brief Description of the Character of Business Conducted in Rhode Island
general auto body repair shop

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) ☐

President Name	Street Address	City	State	Zip
JOHN M VOCCOLA JR	299 ALLENS AVE	PROVIDENCE	RI	02908

Vice President Name	Street Address	City	State	Zip
JOHN M VOCCOLA JR	299 ALLENS AVE	PROVIDENCE	RI	02908

Secretary Name	Street Address	City	State	Zip
JOHN M VOCCOLA JR	299 ALLENS AVE	PROVIDENCE	RI	02908

Treasurer Name	Street Address	City	State	Zip
JOHN M VOCCOLA JR	299 ALLENS AVE	PROVIDENCE	RI	02908

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) ☐

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

10. SHARES AUTHORIZED AND ISSUED (*"X" BOX FOR ATTACHMENT*) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
3000 NO PAR COM			3000	common	no par

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

[redacted]

* 1 1 6 6 6 *

[redacted]

File Date: 2/12/97

Check No.: 6731

By: VCM/JFC

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

John M. Voccola 2/6/97
Signature of Officer *Date*

John M. Voccola Jr.
Print or Type Name of Officer

Pres.
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION			
11666	TRAVER CORPORATION			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE		CITY	STATE	ZIP CODE
299 ALLENS AVE		PROVIDENCE	RI	02908
4. BUSINESS PHONE NO	5. STATE OF INCORPORATION			6. SIC CODE
(401) 461-9200	RHODE ISLAND			8953

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
general auto body repair shop

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME			VICE PRESIDENT NAME		
JOHN M VOCCOLA JR			JOHN M VOCCOLA JR		
STREET ADDRESS			STREET ADDRESS		
299 ALLENS AVE			299 ALLENS AVE		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PROVIDENCE	RI	02908	PROVIDENCE	RI	02908
SECRETARY NAME			TREASURER NAME		
JOHN M VOCCOLA JR			JOHN M VOCCOLA JR		
STREET ADDRESS			STREET ADDRESS		
299 ALLENS AVE			299 ALLENS AVE		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PROVIDENCE	RI	02908	PROVIDENCE	RI	02908

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
3000 NO PAR COM			3000	common	no par

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.

Signature of Officer

JOHN M VOCCOLA JR
Print or Type Name of Officer

PRESIDENT
Title of Officer

2/6/96
Date

File Date: 2/13/96
Check No: 6274
By:
For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

FORM 21-12 PF

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

ANNUAL REPORT
Please Type or Print
File Annually – Jan. 1 - March 1
Filing Fee $50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0011686 Annual Report for the year: 1995

Name of Corporation: TRAVER CORPORATION

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
299 Allens Avenue
Providence RI

Phone: (401) 461-9200

Business Entity is (check one):
[x] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
general auto body repair shop

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT: JOHN M VOCCOLA JR	9 BRANDYWINE LANE	MARRAGANSETT RI	
VICE PRESIDENT: JOHN M VOCCOLA JR	" " " " " " " " " " " " " " " " " "		
SECRETARY: JOHN M VOCCOLA JR	" " " " " " " " " " " " " " " " " "		
TREASURER: JOHN M VOCCOLA JR	" " " " " " " " " " " " " " " " " "		

THE NAMES OF THE DIRECTORS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME			
NAME			
NAME			

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
3000	common	3000	common

Date 2/17 , 19 95 By: John M Voccola Jr.
JOHN M VOCCOLA JR
PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT
TITLE OF OFFICER SIGNING

Form 31 1 96

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed

JOSEPH C. MANERA, JR.
1062 RESERVOIR AVENUE
CRANSTON RI 02910

FILED
FEB 2 5 1995
By
17078

Filing Fee $50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations

Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401 277-3040

File Annually
LLC: Sept 1 - Nov. 1
CORP: Jan 1 - March 1

Corporate ID 0011666 Annual Report for the year 1994

Name of Business Entity: TRAVER CORPORATION

Business entity organized under the laws of the State of RHODE ISLAND

Federal Taxpayer Identification Number: [redacted]

For foreign entity, address and telephone number of principal office

Phone ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

299 ALLENS AVENUE
PROVIDENCE RI

Phone (401) 461-9200

Business Entity is (check one):

[x] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

JOSEPH C MANERA JR ESQUIRE
AGENT
1062 RESERVOIR AVE CRANSTON RI 02910
(401) 944-3900

Brief statement of the character of business conducted in Rhode Island

general auto body repair shop

Date of Organization 10/5/81

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

[ ] CHIEF EXECUTIVE OFFICER OR [x] PRESIDENT (Check One) — STREET ADDRESS — CITY/STATE — ZIP CODE
JOHN M VOCCOLA JR, 9 BRANDYWINELANE NARRAGANSETT RI 02882

[ ] CHIEF OPERATING OFFICER OR [x] VICE PRESIDENT (Check One) — STREET ADDRESS — CITY/STATE — ZIP CODE
JOHN M VOCCOLA JR, 9 BRANDYWINE LANE NARRAGANSETT RI 02882

[ ] CHIEF FINANCIAL OFFICER OR [x] SECRETARY (Check One) — STREET ADDRESS — CITY/STATE — ZIP CODE
JOHN M VOCCOLA JR, 9 BRANDYWINE LANE NARRAGANSETT RI 02882

[ ] CHIEF FINANCIAL OFFICER OR [x] TREASURER (Check One) — STREET ADDRESS — CITY/STATE — ZIP CODE
JOHN M VOCCOLA JR, 9 BRANDYWINE LANE NARRAGANSETT RI 02882

THE NAMES OF THE DIRECTORS ARE:

NAME — STREET ADDRESS — CITY/STATE — ZIP CODE

NAME — STREET ADDRESS — CITY/STATE — ZIP CODE

NAME — STREET ADDRESS — CITY/STATE — ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 3000
CLASS COMMON
SERIES
PAR VALUE OR WITHOUT PAR NO PAR VALUE

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 3000
CLASS COMMON
SERIES
PAR VALUE OR WITHOUT PAR NO PAR VALUE

FILED
FEB 28 1994
By 66477

Date 2/24, 19 94

By John M Voccola
JOHN M VOCCOLA JR
PRINT OR TYPE NAME OF OFFICER SIGNING
PRESIDENT
TITLE OF OFFICER SIGNING

Form 01 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

JOSEPH C. MANERA, JR.
1062 RESERVOIR AVENUE
CRANSTON RI 02910

Filing Fee $50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0011666 Annual Report for the year 1993

FIRST: The name of the corporation is TRAVER CORPORATION

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Auto Body Repair

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 299 Allens Ave Providence RI 02905

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
JOHN M VOCCOLA JR	President	9 Brandywine Ln Narragansett RI 02882
JOHN M VOCCOLA JR	Vice-President	" " " " " " " " " " " " 4214
JOHN M VOCCOLA	Secretary	" " " " " " " " " " " "
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
3000			no par

Rec'd & Filed FEB 25 1993

AM 7#29 6073

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
3000			no par

Dated 2/23 19 93

TRAVER CORPORATION
(Name of Corporation)

By John Vaccola, Pres.

Title

(Report must be signed by an officer)

Filing Fee $50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

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CK 20012

Corporate ID 0011555 Annual Report for the year 1992

FIRST: The name of the corporation is TRAVER CORPORATION

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Auto Body Repair

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 299 Allens Avenue, Providence, RI 02905

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
John M. Voccola, Jr.	President	9 Brandywine Lane, Narragansett, RI 02882
Pamela T. Voccola	Vice President	
John M. Voccola, Jr.	Secretary	
	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID
MAR 0 5 1992
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated March 1, 1992 19

Traver Corp.
(Name of Corporation)

By John M. Voccola Jr.

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0011666 Annual Report for the year 1991

FIRST: The name of the corporation is TRAVER CORPORATION

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Auto Body Repair

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 299 Allens Avenue, Providence, RI 02905

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
John M. Voccola, Jr.	President	9 Brandywine Lane, Narragansett, RI 02882
Pamela T. Voccola	Vice President	
John M. Voccola, Jr.	Secretary	
same	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID
JAN 07 1991
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated January 3, 19 19 91

Traver Corp.
(Name of Corporation)

By John M Voccola Jr.
President
Title

(Report must be signed by an officer)

Form 31 1-85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CZ

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0011666 Annual Report for the year 1990

FIRST: The name of the corporation is TRAVER CORPORATION

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Auto Body Repair

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 299 Allens Avenue, Providence, RI 02905

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
John M. Voccola, Jr.	President	370 Cedar Avenue, East Greenwich, RI 02818-2616
Pamela T. Voccola	Vice President	same
John M. Voccola, Jr.	Secretary	same
	Treasurer	same

PAID
JAN 26 1990
SEC'Y OF STATE

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated January 19 19 90

Traver Corp.
(Name of Corporation)

By John M Voccola

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0011666 Annual Report for the year 1989

FIRST: The name of the corporation is TRAVER CORPORATION

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Auto Body Repair

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 299 Allens Avenue, Providence, RI 02905

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
John M. Voccola, Jr.	President	9 Brandywine Lane, Narragansett, RI 02882
Pamela T. Voccola	Vice President	same
John M. Voccola, Jr.	Secretary	same
same	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

PAID
FEB 2 1989
SECY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated February 1 19 89

Traver Corp.
(Name of Corporation)

By John M Voccola II

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

D. P.

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 11666 Annual Report for the year 1988

FIRST: The name of the corporation is TRAVER CORPORATION

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Auto Body Repair

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 299 Allens Avenue, Providence, RI 02905

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
John M. Voccola, Jr.	President	9 Brandywine Lane, Narragansett, RI 02882
Pamela T. Voccola	Vice President	Same
John M. Voccola, Jr.	Secretary	
Same	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
		PAID	

FEB 24 1988

SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated February 15, 19 88

Traver Corp.
(Name of Corporation)

By John M. Voccola

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 11666 Annual Report for the year 1987

FIRST: The name of the corporation is TRAVER CORPORATION

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Auto Body Repair

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 299 Allens Avenue, Providence, RI 02905

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
John M. Voccola, Jr.	President	19 Cottonwood Drive, Cranston, RI
Pamela T. Voccola	Vice President	same
John M. Voccola, Jr.	Secretary	same
same	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

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JAN 9 1987

SEC'Y OF STATE

Dated January 7, 19 87

JAN 12 [illegible]

Traver Corp.
(Name of Corporation)

By John M. Voccola

(Report must be signed by an officer)

Title President

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 11666 Annual Report for the year 1986

FIRST: The name of the corporation is TRAVER CORPORATION

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Auto Body Repair

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 299 Allens Avenue, Providence, RI 02905

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
John M. Voccola, Jr.	President	19 Cottonwood Drive, Cranston, RI 02920
Pamela T. Voccola	Vice President	same
John M. Voccola, Jr.	Secretary	same
same	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

FEB 21 1986

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EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

Dated January 13, 19 86

Traver Corp.
(Name of Corporation)

By John M. Voccola
President

(Report must be signed by an officer) Title

Form 31 1/85

Filing Fee $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 11666 Annual Report for the year 1985

FIRST: The name of the corporation is TRAVER CORPORATION

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is

Auto body repair and auto sales

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

90 Dudley Street, Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
John M. Voccola, Jr.	President	19 Cottonwood Dr., Cranston, RI
Pamela T. Voccola	Vice President	19 Cottonwood Dr., Cranston, RI
John M. Voccola, Jr.	Secretary	19 Cottonwood Dr., Cranston, RI
John M. Voccola, Jr.	Treasurer	19 Cottonwood Dr., Cranston, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
3,000	Common		No par

02/27/85 RID

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
None			

ANRE CHEK 0593A001 15.00

Dated February 6 19 85

Traver Corporation
(Name of Corporation)

By John M Voccola Jr.

Title Pres.

(Report must be signed by an officer)

Form 31 1/85

Filing fee: $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is

TRAVER CORPORATION

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is

auto body repair and auto sales

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

90 Dudley Street, Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
John M. Voccola, Jr.	President	19 Cottonwood Drive, Cranston, RI
Pamela T. Voccola	Vice President	19 Cottonwood Drive, Cranston, RI
John M. Voccola, Jr.	Secretary	19 Cottonwood Drive, Cranston, RI
John M. Voccola, Jr.	Treasurer	19 Cottonwood Drive, Cranston, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
3,000	common		no par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
none			

1 20 84

Dated: January 19 1984

TRAVER CORPORATION
(Name of Corporation)

By: John M Voccola Jr

Title: President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 31 11-02

Filing fee: $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is Traver Corporation D/B/A Travelers Auto Body & Sales

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Auto repairing & Auto Sales

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 90 Dudley St. Providence, R.I. 02905

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
John M. Voccola Jr.	President	19 Cottonwood Dr. Cranston RI
	Vice President	
	Secretary	
	Treasurer	

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
3000	no Par Common		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
none			

Dated: Feb. 3, 1983

FEB 15 1983

Traver Corporation
(Name of Corporation)

By John M Voccola Jr.

Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 3: 11-82

Filing fee: $15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1982

FIRST: The name of the corporation is Traver Corporation D/B/A/ Travelers Auto Body & Sales

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Auto Body Repairing & Auto Sales

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 90 Dudley Street Providence, R.I. 02905

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
John M. Voccola Jr.	President	19 Cottonwood Dr. Cranston R.I. 02920
" " " "	Vice President	" " "
" " " "	Secretary	" " "
" " " "	Treasurer	" " "

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
3000	No Par Common		

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
none			

1 25 82

Dated: Jan. 22, 1982

Traver Corporation
(Name of Corporation)

By John M Voccola Jr.

Title President

(Report must be signed by an officer)

JAN 26 1982

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Form 31 — 10-81