



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

| | | | | | |
|--|--------------------|--|---|----------------------------|---------------------|
| 1. Corporate ID No. 112966 | | 2. Name of Corporation WEST END AUTO SALES & COLLISION SERVICE, INC. | | | |
| 3. Street Address Principal Business Office 555 Cranston Street | | | City Providence | State RI | Zip 02909 |
| 4. Business Phone No. (401) 222-9566 | | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 8896 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island THE SALE AND REPAIR OF USED AUTOMOBILES | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Mark Duxbury | | | Vice President Name David Duxbury | | |
| Street Address 137 Wallace Street | | | Street Address 137 Wallace Street | | |
| City Providence | State RI | Zip 02909 | City Providence | State RI | Zip 02909 |
| Secretary Name Sylvia Duxbury | | | Treasurer Name Mark Duxbury | | |
| Street Address 137 Wallace Street | | | Street Address 137 Wallace Street | | |
| City Providence | State RI | Zip 02909 | City Providence | State RI | Zip 02909 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Mark Duxbury | | | Director Name | | |
| Street Address 137 Wallace Street | | | Street Address | | |
| City Providence | State RI | Zip 02909 | 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 |
| 600 NO PAR VALUE | | | 1 | Common | No Par |

05 JAN 13 PM 4:22

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.

File Date 1/14/05
Check No. 2050
By: us

FOR SECRETARY OF STATE USE ONLY

Mark Duxbury 1-13-05
Signature of Officer Date
Mark Duxbury
Print or Type Name of Officer
President
Title of Officer



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| 1. Corporate ID No. 112966 | | 2. Name of Corporation WEST END AUTO SALES & COLLISION SERVICE, INC. | | | |
| 3. Street Address Principal Business Office 555 CRANSTON STREET | | | City PROVIDENCE | State RI | Zip 02909 |
| 4. Business Phone No. (401) 272-9566 | | 5. State of Incorporation RHODE ISLAND | | 6. SIC Code 8896 | |
| 7. Brief Description of the Character of Business Conducted in Rhode Island THE SALE AND REPAIR OF USED AUTOMOBILES | | | | | |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name MARK DUXBURY | | | Vice President Name DAVID DUXBURY | | |
| Street Address 137 WALLACE STREET | | | Street Address 137 WALLACE STREET | | |
| City PROVIDENCE | State RI | Zip 02909 | City PROVIDENCE | State RI | Zip 02909 |
| Secretary Name SYLVIA DUXBURY | | | Treasurer Name MARK DUXBURY | | |
| Street Address 137 WALLACE STREET | | | Street Address 137 WALLACE STREET | | |
| City PROVIDENCE | State RI | Zip 02909 | City PROVIDENCE | State RI | Zip 02909 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name MARK DUXBURY | | | Director Name | | |
| Street Address 137 WALLACE STREET | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02909 | 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 |
| 600 NO PAR VALUE | | | 1 | 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 9 6 6 *

File Date: 2/20/04
Check No.: 692
By: KML

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: [Signature] Date: _____
Print or Type Name of Officer: MARK DUXBURY
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 **112966** 2. Name of Corporation **WEST END AUTO SALES & COLLISION SERVICE, INC.**
3. Street Address Principal Business Office **555 CRANSTON STREET** City **Providence** State **RI** Zip **02909**
4. Business Phone No. **401 272 9566** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8896**

7. Brief Description of the Character of Business Conducted in Rhode Island
The sale and repair of automobiles and any other lawful purpose

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

| | |
|--|--|
| President Name MARK DUXBURY | Vice President Name MARK DUXBURY |
| Street Address 555 Cranston St. | Street Address SAME |
| City Providence State RI Zip 02909 | City SAME State RI Zip 02909 |
| Secretary Name MARK DUXBURY | Treasurer Name MARK DUXBURY |
| Street Address SAME | Street Address SAME |
| City Providence State RI Zip 02909 | City SAME State RI Zip 02909 |

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

| | |
|--|--|
| Director Name MARK DUXBURY | Director Name |
| Street Address SAME | Street Address |
| City Providence State RI Zip 02909 | City SAME State RI Zip 02909 |
| Director Name | Director Name |
| Street Address | Street Address |
| City | City |
| Director Name | Director Name |
| Street Address | Street Address |
| City | City |

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

| AUTHORIZED SHARES | Number of Shares | Class/Series | Par Value |
|-------------------------|------------------|--------------|-----------|
| 600 NO PAR VALUE | | | |

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

| ISSUED SHARES | Number of Shares | Class/Series | Par Value |
|---------------|------------------|---------------|---------------|
| 1 | 1 | 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 9 6 6 *

File Date: 3-21-03
Check No.: 1056
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 of Officer: [Signature] Date: 3/18/03
Print or Type Name of Officer: MARK DUXBURY
Title of Officer: President



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. **112966** 2. Name of Corporation **WEST END AUTO SALES & COLLISION SERVICE, INC.**
3. Street Address Principal Business Office **555 Cranston Street** City **Providence** State **RI** Zip **02909**
4. Business Phone No. **401-272-9566** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8896**

7. Brief Description of the Character of Business Conducted in Rhode Island
The sale and repair of automobiles and any other lawful purpose.

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

| | |
|--|--|
| President Name Mark Duxbury | Vice President Name Mark Duxbury |
| Street Address 555 Cranston Street | Street Address 555 Cranston Street |
| City State Zip Providence RI 02909 | City State Zip Providence RI 02909 |
| Secretary Name Mark Duxbury | Treasurer Name Mark Duxbury |
| Street Address 555 Cranston Street | Street Address 555 Cranston Street |
| City State Zip Providence RI 02909 | City State Zip Providence RI 02909 |

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

| | |
|--|----------------|
| Director Name Mark Duxbury | Director Name |
| Street Address 555 Cranston Street | Street Address |
| City State Zip Providence RI 02909 | City State Zip |
| Director Name | Director Name |
| Street Address | Street Address |
| City State Zip | City State Zip |

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
1 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 9 6 6 *

File Date 3.29.02
Check No. 432
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.

Signature of Officer Mark Duxbury Date 3-28-02
Print or Type Name of Officer MARK DUXBURY
Title of Officer President MARK DUXBURY



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. **112966** 2. Name of Corporation **WEST END AUTO SALES & COLLISION SERVICE, INC.**
 3. Street Address Principal Business Office **555 Cranston Street** City **Providence** State **RI** Zip **02909**
 4. Business Phone No **401-272-9566** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8896**

7. Brief Description of the Character of Business Conducted in Rhode Island
 The sale and repair of automobiles and any other lawful purpose.

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

| | |
|--|---|
| President Name Mark Duxbury Street Address 555 Cranston Street City Providence State RI Zip 02909 | Vice President Name Mark Duxbury Street Address 555 Cranston Street City Providence State RI Zip 02909 |
| Secretary Name Mark Duxbury Street Address 555 Cranston Street City Providence State RI Zip 02909 | Treasurer Name Mark Duxbury Street Address 555 Cranston Street City Providence State RI Zip 02909 |

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

| | |
|---|--|
| Director Name Mark Duxbury Street Address 555 Cranston Street City Providence State RI Zip 02909 | 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 |
|-------------------------|--------------|-----------|
| 600 NO PAR VALUE | | |

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

| ISSUED SHARES | Class/Series | Par Value |
|---------------|---------------|---------------|
| 1 | 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 9 6 6 *

File Date: 1/24
 Check No.: 1268
 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] 1/22/01
 Signature of Officer Date

Mark Duxbury
 Print or Type Name of Officer
President
 Title of Officer