

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

ROFIT C	ORPORATION .	ANNUAL	REPORT FOR THE YEAR	2005
Him Davida da Fari				· ·

Filing Period: January 1 - M. (FORM MUST BE TYPED OR PRIN		Fee: \$50.00			
1. Corporate ID No 2. Name of Corporation					
64568 A & G AUTO SALES AND RECON, INC.					
3 Sirce Address Principal Business O	of St		M. PROV	State 7	Zup 02911
4 Business Phone No. 276	2032	5. State of Incorporation			6 SIC Code
7. Brief Description of the Character of	of Business Conducted in R	RHODE ISLAND	 .		3335
AUTÓ SALES AND REC	ÖNDITIONING				
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT) FILL IN SP	ACES BEFORE USING A	TTACHMENTS
President Name	Santos	5	Vice President Name		
Sirrey Address AR BAD	ANSEH	Phus	Street Address		
WARWICK	State RT	Zip 02988	City	State	Zip
Secretary Name		#	Treasurer Name VOLO	••••••••••	•4•••
Street Address		•	Street Address	-	
Cuy	State	Zip	City-	State	Zip
9. NAMES AND ADDRESSES	OF THE DIRECTOR:	 S: <i>("X" BOX FOR ATT.</i>	: A <i>chment)</i>	 SPACES BEFORE USING	ATTACHMENTS
Director Name	Gat		Director Name		
Signal Address	y Janio	5	Sireci Address		
385 / arraye	ingett Ph	wy ·			<u>. </u>
LI) APINICK	Sint 7	12888	City·	State	Zip
Director Name	J(S.D	1.0	Director Name		
NONE			None		
Sinvi Address			Sircei Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (AUTHORIZED SHARES	 ("X" BOX FOR ATTA	 CHMENÎ)	11. SHARES ISSUED ("X	 (" BOX FOR ATTACHME	 5N7)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value
100 NO PAR VALUE			100	No PAR V	alve
				·	
This report must be s	igned in ink by eithe	er the President Vice Pr	I	Secretary Treasures Pag	Leiver or Trustee
Time report mast oc s	igned in mik by eline	i die Fresident, vice Fr	esident, Secretary, Assistant	Secretary, Treasurer, Rec	ceives of Trustee
i ii i ii	i d iail diedi e hi d d uel i				
! 				ry, I declare and affirm that I	
- L A		}	contained herein are to	inying schedules and statement of the correct.	ents, and that all statements
File Date 21 25 10 5			And And ships		
11/10			Traine of Officer Date		
Check No.			Lawn MiARLY Suntis		
By:	ノ		Frint or Type Name of C	Officer	
FOR SECRETARY OF STA	TE USE ONLY		■ (Hesides	ut.	
		J	Wifte of Officer		



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 401.222.304C

PROFIT CORPOR Filing Period: January 1 - Mc FORM MUST BE TYPED OR PRINT	arch 1 • Filing		FOR THE YEAR	2004	
1. Corporate ID No	2. Name of Corporation	•	· · · · · · · · · · · · · · · · · · ·		
64568	A & G AUTO SAL	ES AND RECON, INC.	•		
3. Stroot Address Principal Business D	to trit	-	9). Hovidence	State RT	"59911
4. Business Phone No. 401 - 233 -	2082	5. State of Incorporation RHODE ISLAND			6 SIC Code
7. Brief Description of the Character of AUTO SALES AND RECO	f Business Conducted in Ri NDITIONING	hode Island	···		
B. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN SPA	CES BÉFORE USING AT	TACHMENTS
President Name	~ \		Vice President Name	•	• • •
DAGO QUANT	1 2nntos	j	· Non	<u></u>	
Sign Adjress NARRASAL	gett Phw	y	Street Address		
WARWICK	State R	Zip 07888	Cuy	State	Zip
Secretary Name Now			Treasurer Name Nove		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES	I OF THE DIRECTORS	 5:	: <i>Achment</i>) □ fill in s	 PACES BEFORE USING :	I ATTACHMENTS
Diregor Name Broad	4 Santo	9	Director Name		
385 APRAGA	sett Pi	Kuy	Street Address		
WARWICK	State	Z4 2888	City	State	Zip
Director Name			Director Name		
			None		
Street Address			Sircei Address		

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

City

ISSUED SHARES

Number of Shares

	* 6 4 5 6 8 *
File Date	- lustout
Check No.	1601
Ву:	<u> </u>
:	FOR SECRETARY OF STATE USE ONLY

State

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

Class/Series

AUTHORIZED SHARES

100 NO PAR VALUE

Number of Shares

ZФ

Par Value

I have examined this report
nents, and that all statemen
\rightarrow 1 1.
2206104
Date
ntia
140-
Fa 630 Par. 13/03

State

Class/Series

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

Z(p

Par Value

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-222-3040

(FORM MUST BE TYPED OR PRINTEL	IN BLACK)				
1. Corporate ID No.	2. Name of Corporation	LEG AND DEGON ING			
64568 3. Street Address Principal Business Of		LES AND RECON, INC.	Circ. 1	Stude -	- 2in
in Humber 4. Business Phone No.		5 State of Incorporation	n. Providence	State R.Z.	2.1p 0791/ 6. SIC Code
7. Brief Description of the Character of	082 Business Conducted in Rho				3335
		nd Recorditi	MAIAKA		
8. NAMES AND ADDRESSI President Name	ES OF THE OFFICE		J	FORE USING ATTACHME	INTS
DAWN BriAdy SHEET Address 385 NARRACYANS CULY WARWICK	Santos		NO WE Street Address		
385 MARRACVANS	sett Phuy	'			
WARWICK	State	02888	Cuy	State	Zip
Secretary Name			Treasurer Name		
Nove			Nove		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSI				EFORE USING ATTACH!	MENTS
DIRECTOR Name DAWN BODACY Street Address 385 NARRAGAN City WARWICK	Santos		NONE		
BRE DARRACIAN	190++ PK	JY A	Street Address		
SIJAOLNICK	State -	MACON	City	State	Zip
Director Name	100	00388	Director Name		
Nove			NONE		
Street Address			Street Address		·
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR ATTACH	MENT)	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
100 NO PAR VALUE			100 No	PAR Value	
					-

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

	* 6 4 5 6 8 *
File Date:	4-8-03
Check No.:	1517
By: FOR SECRETARY OF S	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.

Separature of officer

Print of Type Name of Officer

Title of Officer

Form 630 12/02



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2000

STOP PLAMERIAD INSERT CHONS

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. Carporate ID No. 2. Name of Corporation 64568 A & G AUTO SALES AND RECON, INC. 3 Street Address Principal Business Office 1. Prav. 5. State of Incorporation **RHODE ISLAND** 3335 01 THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS City State Zip Street Address City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Zip Street Addres: Citi State Zip State 210 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 No PAR VAILLE 100 NO PAR VALUE

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

Title of O



Theck No...

FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements of intained hereightee true and correct.

Ingration of Officer

Print of Tyle Name of Officer

Form 630 12/01

2 Name of Corporation

(FORM MUST BE TYPED IN BLACK)

64568

1. Corporate ID No.

Number of Shares

100 NO PAR VALUE

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

A & G AUTO SALES AND RECON, INC.

401-222-3040

4. Business Phone No. 401 29 7 Brief Description of the Cl	PRt 54 1982 haracter of Business Conduct He9 and	Recondition	ning	117/L(. 70.7	21p 1199/ 6. SIC Code 3335
8. NAMES AND ADI Prosident Name LAWN DN Street Address OAR NAC City WARWIC Secretary Name NON Street Address	DRESSES OF THE OF DAJY SAN ERAGANAT E State E	itos H PHUN ^{Zup} 0288	ATTACHMENT) FILL IN S Vice President Name Street Address City Iteasurer Name Street Address	PACES BEFORE USING AT NONE State	Z ₁ p
City	State	Zip	City	State	Zip
9. NAMES AND ADI Director Name Street Address City Director Name Street Address	1	rectors (-x-box f OS PKW Zip DJ88	OR ATTACHMENT) FILL IN Director Name Street Address City Director Name N Street Address	I SPACES BEFORE USING A State	Zip
City	State	Zip	City	State	Zip
10. SHARES AUTHO	RIZED ("X" BOX FOR A	NTACHMENT)	11. SHARES ISS	UED ("X" BOX FOR ATTACHN	MENT)

Par Value

Class/Series

Number of Shares

100

Cluss/Series

NU PAR Value

his report must be signed in ink by either the Presid	ent, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Truste
* 6 4 5 6 8 * 4-12-01	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements corrained herein are true and correct.
File Date	Signature of Officer Date
Ву:	Print of Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	The of Officer



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

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 G AUTO SALES AND RECON, INC. Providence 5. State of Incorporation RHODE ISLAND 3335 FACIL IN SPACES BEFORE USING ATTACHMENTS THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Street Address City Zip Street Address Street Address City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address Street Address City State ZipCity 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 100 SHS NO PAR VAL

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

	* 6 4 5 6 8 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and
File Date:	4/6/00	that all statements conseined herein are que and correct.
Check No.:	7/47	Laur Suntos
By:FOR SECRETARY	OF STATE USE ONLY	Trint of typ Name of Officer The of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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(FORM MUST BE TYPED IN BLACK) L. Corporate ID No. 2. Name of Corporation 64568 A & G AUTO SALES AND RECON, INC. 11) PROVIDENCE RHODE ISLAND 3335 FILL IN SPACES BEFORE USING ATTACHMENTS THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Street Address Street Address Street Address City State City State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Street Address State Director Name Director Name Street Address Street Address City State City State 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 100 SHS NO PAR VAL

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

	* 6 4 5 6 8 *
	May 9,99
File Date:	1069
Ву:	
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

Fint or type Name of Officer

COLUMN

COLU



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLANS READ AMERICATIONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2 Name of Corporation 64568 A & G AUTO SALES AND RECON, INC. N. Aprilance State RZ RHODE ISLAND 3335 Street Address State Treasurer Name Street Address Street Address City 210 City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Street Address City State Zip Director Name Street Address Street Address City State Zip 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 Par Value 100 SHS NO PAR VAL

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

* 6 4 5 6 8 *	Under penalty of perjury, I declare and affirm that I have examined
File Date: 3 10.98	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
By:	Signatural Of Officer Description of Officer Date
FOR SECRETARY OF STATE USE ONLY	nde of Officer



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

Class/Series

AUTHORIZED SHARES

100 SHS NO PAR VAL

Number of Shares

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 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation A & G AUTO SALES AND RECON, INC. RHODE ISLAND 3335 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) City State Zip City State Zip City

ISSUED SHARES

Number of Shares

State

Class/Series

Zip

Par Value

This report must be signed in ink by either the President, V	ice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
* 6 4 5 6 8 *	Under penalty of perjury, I declare and affirm that I have examined
File Date: Check No.:	this report, including any accompanying schedules and statements, and that all statements contained hereig are true and correct. Significant Office. Date
FOR SECRETARY OF STATE USE ONLY	Print of Tyge Name of Officer The of Officer The of Officer

PROFIT CORPORATION **ANNUAL REPORT**

1996

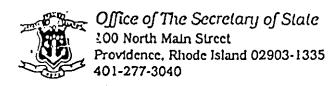


Filing Period: January 1-March 1

Filing Fee: \$50.00

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

T. CORPORATE IO NO.	72. NAME OF CORPORATION	PLEASE TYPE OR PR	INT IN BLACK INK.		
64568 3 street address prancipal business defici	A&GA	UTO SALES AND F	RECON, INC.		
10 Humbe BUSINESS PHONE NO	R1 5+		N. PROVIDENCE	op siare	10 COOE 02911
(401) 233-	2082	5 STATE OF INCORPORTATION RHODE ISL	AND		3335
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ESIDENT PURE	B. NAM	ES AND ADDRE	S'S E S O F T H E O F	FICERS	-
Cawn DA	ORDY S	antos	STREET ADDRESS		
JARIN ICK	Stafe 7	1500000	arty ————	STATE	ZP COOE
CRETARY NAME	1	100888	S.		
			TREASURER NAME		
REET ADORESS			'STREET ADDRESS		
γ	STATE] Z/P COOE	lan		
			1	STATE	to cook
ECTOO HANE	9 . N A M I	S AND ADDRE	` .	RECTORS	.
LAWA DX	easdy ;	anto 2	DIRECTOR HAME		
16 WINTAR	M Kd		1 STREET RECORESS		
WARWICK I	SAITE	01888	спу	STATE	∑P C00€
			DIRECTOR NAME		- * * * * * * * * * * * * * * * * * * *
EET ADDRESS	· · · · · · · · · · · · · · · · · · ·	÷	STREET ADDRESS		
	STATE	Zer CODE	bity ————————————————————————————————————	STATE	
				i since	Ziè CÖÖ€
		RES AUTHORIZ	ED AND ISSUED		-
MUMBER OF SHARES	CLASS / SERIES	PAR VALUE		ISSUED SHARES	
100 SHS NO PA		PANVALIE	NONC SHARES	CLASS / SERIES	PAR VALUE
					
			1 1	<u> </u>	
	This	nort must be 61015	TO IN INITE IN THE	4	
Preside	nt, Vice President,	, Secretary, Assistan	ED IN INK by either the tSecretary, Treasurer, I	e Receiver or Trustee	
1	1		Under penalty of report, including a all statements cor	perjury, I declare and aff iny accompanying sched ntained herein are true an	firm that I have examined to lules and statements, and to d collect.
ile Date: 4/2-0	196		eignature of Office	2000dg	Santo
Check No: 200	00		Print of Type Nam	BRAND	Santas
ly: C	CO)		Title of Officer	e of Officer .	3/1/96



Please Type or Pr File Annually – Jan. 1 - March Filing Fee \$50.

Make Checks Payable to: Secretary of St

ALL ENTRIES MUST BE COMPLETED IN FULL OR T	HE FORM WILL BE RETURNED.
Corporate ID: <u>64568</u>	Annual Report for the year:
Name of Corporation: At 6- Auto SA/09 N	and Recon Center, Inc
Business entity organized under the laws of the State of: For foreign entity, address and telephone number of principal office:	Business Entity is (check one): [Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)
Phone: (401) 233-2082	Brief statement of the character of business conducted in Rhode Island:
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):	TORCHUDE OMA Delt Uged
10 Humbert St. 11 Praydence, RT 029/1	
Phone: (401) 2.30 - 20 8 2	
	F THE OFFICERS ARE:
LAWN BROACY SANTAG /6 WIN VICE PRESIDENT	TADDRESS CITYSTATE DECOMES TADDRESS CITYSTATE DECOMES TADDRESS CITYSTATE DECOMES TADDRESS CITYSTATE
SECRETARY	TADORESS CITY/STATE ZIP COX
TREASURER STREE	T ADDRESS CITY/STATE ZIP COX
THE NAMES OF	THE DIRECTORS ARE:
Coun Santos 16 WINTER	TADDRESS CITYSTATE ZIPCOX CITYSTATE ZIPCOX CITYSTATE ZIPCOX ZIPCOX
NAME STREE	T ADDRESS CITY/STATE ZZP COC
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares Class / Series Au Par Value	Number of Shares Class / Series 100 No Rev Value
Date 9 19 .19 95 By: 4	Onus formoly Santes
	TO THE NAME OF OFFICER STUNING
DESIGNATED REGISTERED A	AGENT FOR SERVICE OF PROCESS:

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

OCT 10 1995 SECY OF STATE Filing Fee \$50.00 Payable to Secretary of State

PLEASE TYPE or PHINT

State of Rhode Island and Providence Plantations

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

File Annually 11 C Sept 1 - Nov. 1 CORP Jan 1 - March 1

0064568	1994
Сокролите ID	. Annual Report for the year
Name of Business Entity	A & G AUTO SALES AND RECON, INC
Business entity organized under the laws of the State of Chade Zella	Business Entity is (check une)
Federal Taxpayer Identification Number	Business Corporation (See RIGL Chapter 7-1-1)
For foreign entity, andress and telephone number of pencapal office	Professional Service Corporation (See RIGL Chapter 7-5) Lumited Luthility Company (See RIGL 7-16)
	Nome, title and mailing address of contact person to whom
	Laur Blady Suntag
·	16 Wintheop Rd
Phone :	Warwick, RT 0288
Address and telephone of the principal office of business entity in Reede Island (Provide street address). Not P.O. Box (· · — — — — — — — — — — — — — — — — — —
ID Humbert St	Brief statement of the character of business conducted in Rhinde Island
N Providence, RI 02911	, _Uuto_Ziles & Kecon
	Date of Organization
Phone 401-233-2082	Date of Qualification to do business in Rhode Island (if toreign entity)
Golg incline of the Kritigenticions THE NAMES O	OF THE OFFICERS ARE:
Days Brook & SANTOS 16	Winther P. Rd., WARWICK, RT BY
Contidental services on	12 AC 1981 - Zers
Commission reserves Commission (2000)	TT accessors constitution and
<u> </u>	F THE DIRECTORS ARE:
Drun Bressy Grates 16 W	other Rd WARWICK RT 628
Sauti	
STRE	TEACONESS TOPSTATE ZEE
NUMBER OF SHARES AUTHORIZED (IF Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (II App. icable)
NUMBER 150	NUMBER 180
IT ASS	CLASS
SERIES	SERIES
PARVALUEOR NO PAR VALUE	PARVALUEOR NO PAR VALUE
#ITHOUT PAR	PAR VALUE OR 770 PAR VATOR
Date	Krux Drady Santas.
/	DAWN BRONSU GANTOS
	Para a la al +
· · · · · · · · · · · · · · · · · · ·	THE STATE OF THE S
and 1 154	
DESIGNATED REGISTERED OR RES	SIDENT AGENT FOR SERVICE OF PROCESS:
TLEASE NOTE. If the Corporation has changed as registered office and/o	r registered or resident agent. Form 9 or Form LLC 3 must be filed

DAWN EPOADY SANTOS 10 HUMBERT STREET NO PROVIDENCE RI 02911

MAR 71994

Form 31 1/85

17117B

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 0545	68	Annual Rep	oort for the year.	1993
FIRST: The name of the	corporation is	A & G AUTO	SALES AND	RECON, INC.
Second: It is incorporate	ted under the laws of	Rhode	Island	
THIRD: Character of bus	siness, briefly stated, is	Auto SAle	9. Repan	R & Recor
FOURTH: If foreign corp	oration, address of its prit	ncipal office		
FIFTH: Business address PROVIDENCE	in Rhode Island 10		+ St, 14	beth
SIXTH: Names and addr	esses of its directors and c		≾s (including number, str	(Attach rider if necessary)
Jawn Brondy				
	Director			
//	Director			
YAWA BRONDY GAN	269 President	16 Winth	op ld, WN	RWICK OZISS
	Vice Presiden	t		
	Secretary	•••••		
<u> </u>	Treasurer	•••••••••••••	• • • • • • • • • • • • • • • • • • • •	,
SEVENTH: Number of St	nares authorized:			Par Value or statement that
No. of Shares	Class	Series	MAY 0 6 1993	shares are without par value No flac Value
Eіgнтн: Number of Sha	ares issued:	(BERY OF STA	Par Value
No. of Shares	Class	Series		or statement that shares are without par value
100			•	No par value
Dated 3/1	1993 (N	QLG Qust ame of Sporation)	Sales on	Recox Sinc
(Report must be signed	By by an officer) Ti	le Presin	Woody,	Santos he

Filing Fee \$50.00			To be filed annually between January 1st and March 1st
State of Rhode Island	. ~	#lantation	ıs
100 NOI	RATIONS DIVISION RTH MAIN STREET E, RHODE ISLAND 02903		
Corporate ID V45 V7	Annual Reg	ort for the year	
FIRST: The name of the corporation is			_
	luto GAles		
SECOND: It is incorporated under the laws of	Rhode	15/Ano	<u>/</u>
THIRD: Character of business, briefly stated, i	s Auto SA	les + k	PEPAIR
FOURTH: If foreign corporation, address of its	s principal office		
FIFTH: Business address in Rhode Island			
SIXTH: Names and addresses of its directors a		ess (including number, s	(Attach rider if necessary)
Director			
Director			
Director	,		
DAWN BROADY SAN TOS President	16 Win	thep Rd	WARWICK
Vice Pres			
DAWN BROADY SAN tos Secretary	16 41/11/19	Rop Rd	WARWICK
Treasure		-,	
SEVENTH: Number of Shares authorized:		•	Par Value
No of Shares Class	Saries	8 1998	or statement that shares are without par value
100		MERSE	par value PAR No NA VOC
	Series Racid & Filed		VAICO
Еібнтн: Number of Shares issued:	Hac		Par Value or statement that
No. of Shares	Series		or statement that shares are without NO PAR par value
Dated 3/1 19 92	(Name of Corporation)	to Gale	5 ª Recon, Loc Santos
(Report must be signed by an officer)	Title PREBI	dent	