

Amended

**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. 04568 2. Name of Corporation A & G Auto Sales and Recon, Inc.  
3. Street Address Principal Business Office 10 Humbert St. City N. Providence State RI Zip 02911  
4. Business Phone No. 401 233 2082 5. State of Incorporation Rhode Island 6. SIC Code \_\_\_\_\_

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

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

President Name Dawn Brady Santos  
Street Address 385 NARRAGANSETT PKWY  
City WARWICK State RI Zip 02888  
Secretary Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Vice President Name Robert Santos  
Street Address 385 NARRAGANSETT PKWY  
City WARWICK State RI Zip 02888  
Treasurer Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Director Name Robert Santos  
Street Address 385 NARRAGANSETT PKWY  
City WARWICK State RI Zip 02888  
Director Name Juride Azeez  
Street Address 171 Hillcrest St.  
City Providence State RI Zip 02909

Director Name James McKeon  
Street Address 111 Foster Center  
City Foster State RI Zip 02855  
Director Name Anthony Collins  
Street Address 385 OAKLAWN AVE, Apt 34  
City CRANSTON State RI Zip 02921

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
DEC 11 12 26 PM '00

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	<u>100</u>		<u>0</u>

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	<u>100</u>		<u>0</u>

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

**FILED**

File Date: \_\_\_\_\_

File Fee - Amended DEC 11 2000

Check No: \_\_\_\_\_

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.

Dawn Brady Santos 12/10/00  
Signature of Officer Date  
Dawn Brady Santos  
Print or Type Name of Officer  
President  
Title of Officer