

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 CORP		NNUAL REPOI	RT FOR THE YE	AR200	05
(FORM MUST BE TYPED OR	PRINTED IN BLACK)	_			
1. Corporate ID No. 99469	2. Name of Corpor THE CAR LO				
3. Street Address Principal Busin 441 Dy	ness Office Len Avenue		Cin Cranston	State RI	7.ip 02920
4 Business Phone No.	946-1330	5. State of Incorporation RHODE ISLAN			6. SIC Code
7. Brief Description of the Chan. THE PURCHASE AN	eter of Business Conducted	in Rhode Island	<u> </u>		0
8. NAMES AND ADDRES President Name			Vice President Name	N SPACES BEFORE USIN	NG ATTACHMENTS
Street Address			Robert L.	Corsi	
4 Albe	rt Drive		Street Address 4 A	lbert Drive	
Guy Johnston Sceniar Name	State RI	7.(p 02919	Cin- Johnston	State R I	Zip 02919
Robert L. Co	rsi		: Treasurer Name Rokent	L. Consi	•
Sirver Address 4 Albert Dri	110		Street Address		 .
City	State	Zip	City	nt Drive	99
Johnston	RI	02919	Johnston	RI	02919
9. NAMES AND ADDRES Director Name Roleat L. Co		TORS: ("X" BOX FOR A	TTACHMENT)	IN SPACES BEFORE US	ING ATTACHMENTS
Street Address	<i>nsi</i>		non	e	
4 Albert Dri)) 0		Street Address		
City	State	Zip	n/a	State	Zip
Johnston	RI	02919	n/a	n/a	n/a
Director Name n/a			Director Name	n/a	
Sircei Address n/a			Street Address	n/a	
City n/a	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	n/e		n/a	n/a	n/a
AUTHORIZED SHARES			ISSUED SHARES	("X" BOX FOR ATTAC	нмект) [
Number of Shares	Class/Sortes	Par Value	Number of Shares	Class/Scries	Par Value
8,000 \$.01 PAR VALUE			None		
This report must	be signed in ink by o	ither the President, Vice	President, Secretary, Assist	tant Secretary, Treasurer.	Receiver or Trustee
111	18 88 1888 1888 81818 81	11 8 (811 1881	,		
[[]	feilo (0)		Under penalty of p	erjury, I declare and affirm	that I have examined this report alphients, and that all statements
File Date _ 2	7-05		contained beroin ar	ro frue apri copreci	onenes, and that an statement
Check No. 397		-	Signature of Officer	M/ Ju	Date
	<u></u>	-	Robert L.		
By:	<u> </u>	-	Print or Type Name Preside		
FOR SECRETARY OF	STATE USE ONLY		Title of Officer		



FOR SECRETARY OF STATE USE ONLY

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 CORPO Filing Period: January 1 - M FORM MUST BE TYPEO OR PRI	farch 1 • F		T FOR THE YEA	R208	04
. Corporate ID No.	2. Name of Corpor	ration		· · ·	
99469	THE CAR L	OT INC.			
3. Street Address Principal Business	• •		City	State	21p
441 Dyer	Avenue		Cranston	RI	02920
f. Business Phone No		5. State of Incorporation	1		6. SIC Code
(401) 946		RHODE ISLAND)		<u> </u>
THE PURCHASE AND	of Business Conducte SALE OF MOTOR	d in Rhode Island VEHICLES.			
3. NAMĘS AND ADDRĘSSE:	OF THE OFFIC	ERS: ("X" BOX FOR ATT		SPACES BEFORE USIN	G ATTACHMENTS
President Name			Vice President Name		
Robert L. Cors	<u>i</u>		Robert L. Co	orsi	
Street Address			Street Address		
<u> 4 Albert Drive</u>		· · · · · · · · · · · · · · · · · · ·	4 Albert Dr	ive	
Guy Johnston	State RI	^{Z(p} 02919	City Johnston	State RI	^{Zip} 02919
Secretary Name			Treasurer Name		
Robert L. Cors	<u>i</u>		Robert L. C	orsi	
Street Address			Street Address	a	
4 Albert Drive	,		4 Albert Dr	ive	,
an Johnston	State RI	02919	City Johnston	State RI	02919
9. NAMES AND ADDRESSES	S OF THE DIREC	TORS: ("X" BOX FOR A	TTACHMENT) FILL II	N SPACES BEFORE US	ING ATTACHMENTS
Director Name			Director Name		
Robert L. Cors	<u>i </u>		none		
Street Address			Street Address		
4 Albert Drive	:		n/a	<u></u>	
Cuy	State	Zip	City	State	Zip
Johnston) RI	02919	n/a	n/a	n/a
Director Name			Director Name		
n/a	.	- 	n/a		
Sirvet Address			Street Address		
n/a _{City}	State	Tea	n/a		190
n/a	n/a	n/a	city n/a	State n/a	^{Zip} ⊓/a
117 a 10. SHARES AUTHORIZED	1 '	· ·	:	1 1	<u> </u>
AUTHORIZED SHARES	(A DOATION	WILLIAM []	11. SHARES ISSUED (A BOX FOR HITML	ameni) [
Number of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value
<u> </u>			TAMES OF BANKES	Grand Services	7.07.10.00
8,000 \$.01 PAR VALUE			8,600		inne
		 ;	<u> </u>		
This report must be	signed in ink by	either the President. Vice	President, Secretary, Assista	ont Secretary Treasures	Receiver or Trustee
•	-,				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 (35)(6	18318 18311 BIRTO BITTO I	OFI ICO			
			11-1		
1 (82)(8			, , ,		that I have examined this reportatements, and that all statemen
FII FD	y y 4 0 y	* -	contained herein are		
File Date FILED			K. l. 2	F / 10	35.04
•			Signature of Officer		Date
Check No. MAR 05 200	1	1	·		IZUIL
	, T T	1	Robert L.		
By MZZL			Print or Type Name o		
		i	Presiden) T	

Title of Officer



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

FORM MUST BE TYPED OR PRINT	ED IN BLACK)				
I. Corporate ID No.	2. Name of Corporation				<u> </u>
99469	THE CAR LOT	TINC.			
3. Street Address Principal Business (City	State	Zip
441 Dyer	Avenue		Cranston	Rhode Isl	and 02920
1. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 946		RHODE ISLAND			0
7. Brief Description of the Character					
	used automol				
8. NAMES AND ADDRESS President Name		ERS (*X* BOX FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
Robert L.			Robert L. Street Address	Corsi	
4 Albert	Drive		4 Albert D	rive	
City	State	Zip	City	State	Zip
Johnston Secretary Name	RI	02919	Johnston Treasurer Name	RI .	02919
Robert L. Corsi			Robert L. Co	orsi	
4 Albert Drive			4 Albert Dri	ve	
Gliy	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
9. NAMES AND ADDRESS	ES OF THE DIREC	CTORS ("X" BOX FOR ATTAC		ES BEFORE USING ATTA	
Director Name			Director Name		
Robert L. Corsi	•		none		
Street Address			Street Address		
4 Albert Drive	Saute .		n/a		
•	State RI	Zip 0 2 0 1 0	City	State	Zip
Johnston Director Name	KI	02919	n/a Director Name	n/a	n/a
n/a treet Address			n/a Street Address		
n/a			n/a		
n/a	State	Z.lp	City	State	Zip
	n/a	n/a	n/a	n/a	n/a
O. SHARES AUTHORIZED OUTHORIZED SHARES	CAN BON FOR ATTAC	HMENT)	11. SHARES ISSUED (* 1880ED SHARES	"X" BOX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$.01 PAR VALUE			none		

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

	* 9 9 4 6 9 *
File Date:	218.03
Check No.:	IIS8
Ву:	P
FOR SECRETAL	RY OF STATE USE ONLY

Under penalty of perjury, I declare and	
this report, including any accompanying	z schedules and statements, and
that all statements contained herein are	true and correct.
Allest Posses	1-21-03
Signature of Officer	Date
ROBERT (URSI	
Print or Type Name of Officer	-
PRESIDENT	
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

401-222-3040

PROFIT CORPORATION	ANNUAL REPORT	FOR	THE	YEAR	2002
Filing Period: January 1-March 1 •	Filing Fee: \$50.00				-2002 _

Form 630 12/01

(FORM MUST BE TYPED IN	! BLACK)				
1. Corporate ID No.	2. Name of Corpore	ntion		-	
99469	Ti	HE CAR LOT IN	ıc.		
3. Street Address Principal Bus	iness Office		City	State	Zip
441 Dye:	r Avenue		Cranston	Rhode Is	land 02920
4. Business Phone No.		5. State of Incorporat	lon		6. SIC Code
(401) 94		Rhode	: Island		3335
7. Brief Description of the Cha sale of	used cars	in Rhode Island			
		ICERS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES	BEFORE USING ATTA	CHMENTS
Robert I	L. Corsi		Vice President Name Robert L.	Corsi	
Street Address			Street Address	COISI	
4 Albert	t DRive		4 Albert D	Rive	
City	State	Zip	Gity	State	Zip
Johnston Secretary Name	RI	02919	Johnston - Treasurer Name	RI	02919
Robert L. Co	orsi		Robert L. C	orsi	
4 Albert Dri	ive		4 Albert	Drive	
City	State	Zip	-City	State	21-
Johnston	RI	02919	Johnston	RI	zip 02919
9. NAMES AND ADDI	RESSES OF THE DIRI	ECTORS ("X" BOX FOR)		ES BEFORE USING ATT	
Director Name			Director Name		ACHIOLINIS
Robert L. Co	orsi		none		
Street Address			Street Address		
4 Albert Dri			n/a		
City	State	Zip	City	State	Zip
Johnston Director Name	RI	02919	n/a	n/a	n/a
			Director Name		
n/a Succe Addiess			n/a Street Address		
n/a			n/a		
City	State	ZIp	* City	State	Zip
n/a	n/a	n/a	n/a	n/a	n/a
10. SHARES AUTHORI AUTHORIZID SHARES	ZED (*X* BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 \$.01 P	AR VALUE		none		
			i		
his report must be el	good is into buckle		D		

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

	FILED	
	APR 0 1 2002	Under penalty of perjury, I declare and affirm that I have examined
File Dute:	By AME 82 () 127	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No.:		Signatule of Officer Date
З у:	UECENAED	Robert L. Corsi Print of Type Name of Officer
OR SECRETARY OF STATE USE ONLY		President
		Title of Officer

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

1. Corporate ID No.	BLACK) 2. Name of Corpora	tlon		 .	
99469	•	E CAR LOT IN	c.		
3. Street Address Principal Busin	ness Office		City	State	Zip
441 Dyer Aver	nue		Cranston	Rhode Is	sland 02920
4. Business Phone No.		5. State of Incorporat			6. SIC Code
(401) 946–133 7. Brief Description of the Chara		Rhode I. n Rhode Island	sland		3335
sale of used 8. NAMES AND ADDR President Name	cars ESSES OF THE OFFI	CERS ('X' BOX FOR AT	TACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Robert L. Cor	rsi		Robert L.	Corsi	
4 Albert DRiv	⁄e		4 Albert DE	Rive	
City	State	Zip	Clty	State	Zip
Johnston	RI	02919	Johnston	RI	02919
ecretary Name		** * *** ***	Treasurer Name		
Robert L. Cor			Robert L. (Corsi	
4 Albert Driv	⁄e		4 Albert D	rive	
ity	State	Zip	City	State	Zip
Johnston NAMES AND ADDRI NECTOR Name Robert L. Cor		02919 CTORS (*x* BOX FOR)	Johnston ATTACHMENT) FILL IN SPACE Director Name NONE Street Address	RI ES BEFORE USING AT	02919 FACHMENTS
4 Albert DRiv	e e		n/a		
ity	State	Zip	City	State	Zip .
Johnston	RI	02919	n/a	n/a	n/a
rector Name		• • • • • • • • • • •	Director Name	•	
n/a reel Address		•	n/a Street Address		
n/a			<u>:</u> n/a		
ty.	State	Zip	City	State	Zip
n/a D. SHARES AUTHORIZ JTHORIZED SHARES	n/a ED CX* BOX FOR ATTA	n/a CHMENT!	n/a 	n/a 'X* BOX FOR ATTACHMEN	n/a
	Class/Series	Par Value	ISSUFID SHARES Number of Shares	Class (Savier	D */-/ -
			none	Class/Series	Par Value
winber of Shares 8,000 \$.01 PA	AR VALUE				

	FILED		
	APR 0 1 2002	Under penalty of perjury, I declare and affirm that	I have examined
	By Ank HV 82 NI	this report, including any accompanying schedules	and statements, and
File Date:	A83574"	- Kabil t	
Check No.:	- Je styte ac i	Signature of Officer Da 115:2-5 Robert L. Corsi	ale
Ву:	Havia:	Cast Robert L. Corsi	· · · · · · · · · · · · · · · · · · ·
FOR SECRETARY OF STATE USE ONLY		President	
		Title of Officer	Form 630 12/01



Edward S. Inman, III, 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



). Carrage to th					
1. Corporate ID No. 99469	2. Name of Corpo		-		`
3. Street Address Principal Business		AR LOT INC.	C:A	_	
-			City	State	7.1p
273 Webster 4. Business Phone No.		5. State of Incorporation	Providence	Rhode Islan	d 02909 6. SIC Code
(401) 946-13 7. Brief Description of the Characte	30 r of Business Conducted	Rhode Islan	nd		3335
sale of used					
8. NAMES AND ADDRES President Name	SES OF THE OF	FICERS (*X* BOX FOR ATTACE	IMENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTACHN	IENTS
Robert L. Co	rsi		Robert L. Co	rsi	
4 Albert Dri	.ve		4 Albert DR	ive	
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Secretary Name			Treasurer Name		
Robert L. Co			Robert L. C	orsi	
4 Albert Dri	ve		4 Albert Dr	ive	
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Director Name	2F2 OF THE DIE	ECTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTACE	IMENTS
Robert L. Co	rsi				
Street Address			NONE Street Address		
4 Albert Dri	ve		n/a		
City	State	Zip	City	State	7.ip
Johnston	RI	02919	n/a	n/a	n/a
Director Name			Director Name		
n/a Street Address			n/a		
n/a			: Street Address		
City	State	Zip	: n/a	State	Zip.
n/a	n/a	n/a	, n/a	n/a	n/a
10. SHARES AUTHORIZE	D (*X* BOX FOR AT		11. SHARES ISSUED (*)	·	11/ a
AUTHORIZED SHARES			ISSUED SHARES	· · · ·	
Number of Shares	Class/Series	Par Value	Number of Shares	Ciass/Series	Par Value
8,000 \$.01 P	AR VALUE		none		
		·	.1		
			 •		

Trustee

_	FILED		
	APR 0 1 2002 By P0 1 97 01	Under penalty of perjury, I declare and affi this report, including any accompanying so that all statements contained heroist are to	boduler and examense and
ile Date:	A835.74		Date
heck No.:	GEOLIVED	Robert L. Corsi	
OR SECRETARY OF STATE USE ONLY		President	
		Title of Officer	Form 630 12/01

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

SIOP
PHEASE READ : ENVERTICITIONS

(FORM MUST BE TYPED IN BLA		· · · · · · · · · · · · · · · · · · ·				
1. Corporate ID No. 99469	2. Name of Carpor					
3. Street Address Principal Business		LOT INC.				
273 Webster Street			Providence	Rhode Is	$\begin{array}{ccc} \left\{ \frac{z_{0}}{z_{0}} & \widetilde{x}^{\dagger} \\ 1 \text{ and } & 02909 \end{array} \right.$	
f. Business Phone No. (401) 946~'	1330	S. State of Incorporation RHODE ISLA		·	6. SIC Code 3335	
7. Brief Description of the Character	of Business Conducted	in Rhode Island		······································		
sale of us	ed cars				•	
B. NAMES AND ADDRESS	ES OF THE OF	ICERS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES B	EFORE USING ATTA	CHMENTS	
resident Name			Vice President Name			
Robert L. Corsi			Robert L. Corsi			
Street Address			Street Address			
5 Brentwoo			5 Brentwood I	Orive		
Johnston	State RI	Zip 02919	Cujohnston	State RI	02919	
ecretary Name	******************		Treasurer Name	•••••		
Robert L.	Corsi		Robert L. Con	Robert L. Corsi		
treet Address			Street Address			
5 Brentwood Drive		5 Brentwood Drive				
Johnston	State RI	^{zip} 02919	Gily Johnston	State RI	^{Zip} 02919	
NAMES AND ADDRESS	ES OF THE DIR	ECTORS (*X* BOX FOR AT	TACHMENT) 🕒 FILL IN SPACES	BEFORE USING AT	TACHMENTS	
Director Name			Director Name			
Robert L.	Corsi		none			
Street Address 5 Brentwood Drive		Street Address n/a				
Johnston	State RI	7.ip 02919	City n/a	State n/a	zip n/a	
Irector Name			Director Name	• • • • • • • • • • • • • • • • • • • •		
n/a			i n/a			
treet Address		•	Street Address	Street Address		
n/a		······································	n/a			
n/a 	state n/a	n/a _	n/a .	n/a	²'n/a	
O. SHARES AUTHORIZED	("X" BOX FOR ATI	ACHMENT)	11. SHARES ISSUED ("X	BOX FOR ATTACHMEN	77)	
UTI HORUZEED SHARE'S			ISSUED SHARES			
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
8,000 \$.01 PAR VALUE		none				
his report must be signe	d in ink by eit	her the President Vice	President, Secretary, Assist	ant Connection Trees	n	
-1	= 74 12A 0) Cit.	iner the incoluent, vice	. cresident, secretary, ASSIST	ant secretary, ireas	outer, Receiver of Itus	
	idija jajij Sibia bilia			•		
		1 11				

File Date:	Jan 29,09
Check No.:	1269
Ву:	J.D.
FOR SECRETARY O	F STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Robert L. Corsi

Print or Type Name of Officer

Presidant:

Title of Officer

