



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 OR PRINTED IN BLACK)

1. Corporate ID No. 99469		2. Name of Corporation THE CAR LOT INC.		
3. Street Address Principal Business Office 441 Dyer Avenue		City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 946-1330		5. State of Incorporation RHODE ISLAND		6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island THE PURCHASE AND SALE OF MOTOR VEHICLES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Robert L. Corsi		Vice President Name Robert L. Corsi		
Street Address 4 Albert Drive		Street Address 4 Albert Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI
Secretary Name Robert L. Corsi		Treasurer Name Robert L. Corsi		
Street Address 4 Albert Drive		Street Address 4 Albert Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Robert L. Corsi		Director Name none		
Street Address 4 Albert Drive		Street Address n/a		
City Johnston	State RI	Zip 02919	City n/a	State n/a
Director Name n/a		Director Name n/a		
Street Address n/a		Street Address n/a		
City n/a	State n/a	Zip n/a	City n/a	State n/a
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
8,000 \$0.01 PAR VALUE			None	

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



File Date	2-7-05
Check No.	3927
By:	LCB
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
Robert L. Corsi
Date
President
Title 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
401.222.3040PROFIT 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. 99469		2. Name of Corporation THE CAR LOT INC.			
3. Street Address Principal Business Office 441 Dyer Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 946-1330		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island THE PURCHASE AND SALE OF MOTOR VEHICLES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert L. Corsi			Vice President Name Robert L. Corsi		
Street Address 4 Albert Drive			Street Address 4 Albert Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Robert L. Corsi			Treasurer Name Robert L. Corsi		
Street Address 4 Albert Drive			Street Address 4 Albert Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert L. Corsi			Director Name none		
Street Address 4 Albert Drive			Street Address n/a		
City Johnston	State RI	Zip 02919	City n/a	State n/a	Zip n/a
Director Name n/a			Director Name n/a		
Street Address n/a			Street Address n/a		
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares 8,000 \$0.01 PAR VALUE	Class/Series	Par Value	Number of Shares 8,000	Class/Series	Par Value none

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



FILED
File Date <u>MAR 05 2004</u>
Check No. <u>By M22677</u>
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.

Robert L. Corsi 35.04
Signature of Officer Date
Robert L. Corsi
Print or Type Name of Officer
President
Title of Officer



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



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. 99469 2. Name of Corporation THE CAR LOT INC.

3. Street Address Principal Business Office
441 Dyer Avenue

City Cranston State Rhode Island Zip 02920

4. Business Phone No. (401) 946-1330 5. State of Incorporation RHODE ISLAND

6. SIC Code 0

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

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

President Name Robert L. Corsi
Street Address 4 Albert Drive

Vice President Name Robert L. Corsi
Street Address 4 Albert Drive

City Johnston State RI Zip 02919

City Johnston State RI Zip 02919

Secretary Name Robert L. Corsi
Street Address 4 Albert Drive

Treasurer Name Robert L. Corsi
Street Address 4 Albert Drive

City Johnston State RI Zip 02919

City Johnston State RI Zip 02919

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

Director Name Robert L. Corsi
Street Address 4 Albert Drive

Director Name none
Street Address n/a

City Johnston State RI Zip 02919

City n/a State n/a Zip n/a

n/a
Street Address

n/a
Street Address

City n/a State n/a Zip n/a

City n/a State n/a Zip n/a

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

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

8,000 \$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series 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: 2/18/03

Check No.: 1158

By: UP

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 Robert Corsi Date 1-21-03

Print or Type Name of Officer ROBERT CORSI

Title of Officer PRESIDENT



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



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. 99469 2. Name of Corporation THE CAR LOT INC.
3. Street Address Principal Business Office 441 Dyer Avenue City Cranston State Rhode Island Zip 02920
4. Business Phone No. (401) 946-1330 5. State of Incorporation Rhode Island 6. SIC Code 3335
7. Brief Description of the Character of Business Conducted in Rhode Island sale of used cars

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

President Name <u>Robert L. Corsi</u> Street Address <u>4 Albert Drive</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>	Vice President Name <u>Robert L. Corsi</u> Street Address <u>4 Albert Drive</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>
Secretary Name <u>Robert L. Corsi</u> Street Address <u>4 Albert Drive</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>	Treasurer Name <u>Robert L. Corsi</u> Street Address <u>4 Albert Drive</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>

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

Director Name <u>Robert L. Corsi</u> Street Address <u>4 Albert Drive</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>	Director Name <u>none</u> Street Address <u>n/a</u> City <u>n/a</u> State <u>n/a</u> Zip <u>n/a</u>
Director Name <u>n/a</u> Street Address <u>n/a</u> City <u>n/a</u> State <u>n/a</u> Zip <u>n/a</u>	Director Name <u>n/a</u> Street Address <u>n/a</u> City <u>n/a</u> State <u>n/a</u> Zip <u>n/a</u>

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

Number of Shares	Class/Series	Par Value
<u>8,000</u>	<u>\$.01</u>	<u>PAR VALUE</u>

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

Number of Shares	Class/Series	Par Value
<u>none</u>		

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

FILED

APR 01 2002
By [Signature]
883574
RECEIVED

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 _____
Robert L. Corsi
Print or Type Name of Officer
President
Title of Officer

File Date: _____
Check No.: _____
By: _____
FOR SECRETARY OF STATE USE ONLY



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

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. 99469 2. Name of Corporation THE CAR LOT INC.
3. Street Address Principal Business Office 441 Dyer Avenue City Cranston State Rhode Island Zip 02920
4. Business Phone No. (401) 946-1330 5. State of Incorporation Rhode Island 6. SIC Code 3335

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

sale of used cars

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

President Name <u>Robert L. Corsi</u> Street Address <u>4 Albert Drive</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>	Vice President Name <u>Robert L. Corsi</u> Street Address <u>4 Albert Drive</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>
Secretary Name <u>Robert L. Corsi</u> Street Address <u>4 Albert Drive</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>	Treasurer Name <u>Robert L. Corsi</u> Street Address <u>4 Albert Drive</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>

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

Director Name <u>Robert L. Corsi</u> Street Address <u>4 Albert Drive</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>	Director Name <u>none</u> Street Address <u>n/a</u> City <u>n/a</u> State <u>n/a</u> Zip <u>n/a</u>
Director Name <u>n/a</u> Street Address <u>n/a</u> City <u>n/a</u> State <u>n/a</u> Zip <u>n/a</u>	Director Name <u>n/a</u> Street Address <u>n/a</u> City <u>n/a</u> State <u>n/a</u> Zip <u>n/a</u>

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

AUTHORIZED SHARES	Class/Series	Par Value
<u>8,000</u>	<u>\$.01</u>	<u>PAR VALUE</u>

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

ISSUED SHARES	Class/Series	Par Value
<u>none</u>		

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

FILED

APR 01 2002

By AMK 283574

File Date: _____
Check No.: _____

By: _____
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 Robert L. Corsi Date _____

Print or Type Name of Officer Robert L. Corsi
Title of Officer President



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



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. 99469 2. Name of Corporation THE CAR LOT INC.
3. Street Address Principal Business Office 273 Webster Street City Providence State Rhode Island Zip 02909
4. Business Phone No. (401) 946-1330 5. State of Incorporation Rhode Island 6. SIC Code 3335

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

sale of used cars

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

President Name <u>Robert L. Corsi</u> Street Address <u>4 Albert Drive</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>	Vice President Name <u>Robert L. Corsi</u> Street Address <u>4 Albert Drive</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>
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Secretary Name <u>Robert L. Corsi</u> Street Address <u>4 Albert Drive</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>	Treasurer Name <u>Robert L. Corsi</u> Street Address <u>4 Albert Drive</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>
--	--

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

Director Name <u>Robert L. Corsi</u> Street Address <u>4 Albert Drive</u> City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>	Director Name <u>none</u> Street Address <u>n/a</u> City <u>n/a</u> State <u>n/a</u> Zip <u>n/a</u>
Director Name <u>n/a</u> Street Address <u>n/a</u> City <u>n/a</u> State <u>n/a</u> Zip <u>n/a</u>	Director Name <u>n/a</u> Street Address <u>n/a</u> City <u>n/a</u> State <u>n/a</u> Zip <u>n/a</u>

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

Number of Shares	Class/Series	Par Value
<u>8,000</u>	<u>\$.01</u>	<u>PAR VALUE</u>

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

Number of Shares	Class/Series	Par Value
<u>none</u>		

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

FILED

APR 01 2002

By Robert L. Corsi

File Date: _____

Check No.: _____

By: _____

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 _____

Robert L. Corsi

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



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



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. 99469		2. Name of Corporation THE CAR LOT INC.			
3. Street Address Principal Business Office 273 Webster Street			City Providence	State Rhode Island	Zip 02909
4. Business Phone No. (401) 946-1330		5. State of Incorporation RHODE ISLAND			6. SIC Code 3335
7. Brief Description of the Character of Business Conducted in Rhode Island sale of used cars					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert L. Corsi			Vice President Name Robert L. Corsi		
Street Address 5 Brentwood Drive			Street Address 5 Brentwood Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Robert L. Corsi			Treasurer Name Robert L. Corsi		
Street Address 5 Brentwood Drive			Street Address 5 Brentwood Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert L. Corsi			Director Name none		
Street Address 5 Brentwood Drive			Street Address n/a		
City Johnston	State RI	Zip 02919	City n/a	State n/a	Zip n/a
Director Name n/a			Director Name n/a		
Street Address n/a			Street Address n/a		
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
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
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: Jan 29, 99
Check No.: 1269
By: ID.
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: Robert L. Corsi Date: 1-27-99
Print or Type Name of Officer: Robert L. Corsi
Title of Officer: President