



**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.<br><b>46573</b>  |                    | 2. Name of Corporation<br><b>PETER GIGLIOTTI, INC.</b> |   |                            |                     |
| 3. Street Address (Principal Business Office)<br><b>456 WEST FOUNTAIN STREET</b>   |                    |  | City<br><b>PROVIDENCE</b>   | State<br><b>RI</b>         | Zip<br><b>02903</b> |
| 4. Business Phone No.<br><b>831-5599</b>   |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>       |   | 6. SIC Code<br><b>8953</b> |                     |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>AUTO BODY REPAIR</b>                             |                    |  |   |                            |                     |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                    |  |   |                            |                     |
| President Name<br><b>PETER GIGLIOTTI, JR.</b>  |                    |  | Vice President Name<br><b>PETER GIGLIOTTI, JR.</b>                  |                            |                     |
| Street Address<br><b>50 Longview Ave.</b>  |                    |  | Street Address<br><b>50 Longview Ave.</b>                           |                            |                     |
| City<br><b>North Providence</b>  | State<br><b>RI</b> | Zip<br><b>02904</b>                                    | City<br><b>North Providence</b>                                     | State<br><b>RI</b>         | Zip<br><b>02904</b> |
| Secretary Name<br><b>PETER GIGLIOTTI, JR.</b>  |                    |  | Treasurer Name<br><b>PETER GIGLIOTTI, JR.</b>                       |                            |                     |
| Street Address<br><b>50 Longview Ave.</b>  |                    |  | Street Address<br><b>50 Longview Ave.</b>                           |                            |                     |
| City<br><b>North Providence</b>  | State<br><b>RI</b> | Zip<br><b>02904</b>                                    | City<br><b>North Providence</b>                                     | State<br><b>RI</b>         | Zip<br><b>02904</b> |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                    |  |   |                            |                     |
| Director Name<br><b>NONE</b>   |                    |  | Director Name<br><b>NONE</b>  |                            |                     |
| Street Address   |                    |  | Street Address  |                            |                     |
| City   | State              | Zip  | City  | State                      | Zip                 |
| Director Name<br><b>NONE</b>   |                    |  | Director Name<br><b>NONE</b>  |                            |                     |
| Street Address   |                    |  | Street Address  |                            |                     |
| City   | State              | Zip  | City  | State                      | Zip                 |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>  |                    |  |   |                            |                     |
| AUTHORIZED SHARES  |                    |  | 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                            |                     |
| ISSUED SHARES  |                    |  | ISSUED SHARES   |                            |                     |
| Number of Shares   | Class/Series       | Par Value  | Number of Shares  | Class/Series               | Par Value           |
| <b>1,000 COMM NO PAR VALUE</b>   |                    |  | <b>100</b>  | <b>common</b>              | <b>no par</b>       |

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



File Date 6/7/05  
Check No. 12516  
By: W.  
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 \_\_\_\_\_  
**Peter Gigliotti, Jr.**  
Print or Type Name of Officer  
**President**  
Title of Officer

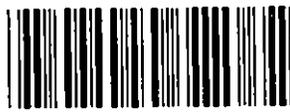


**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

|  |                    |  |   |                    |                            |
|--|--------------------|--|---|--------------------|----------------------------|
| 1. Corporate ID No.<br><b>46573</b>  |                    | 2. Name of Corporation<br><b>PETER GIGLIOTTI, INC.</b> |   |                    |                            |
| 3. Street Address Principal Business Office<br><b>456 West Fountain Street</b>   |                    |  | City<br><b>Providence</b>   | State<br><b>RI</b> | Zip<br><b>02903</b>        |
| 4. Business Phone No.<br><b>831-5599</b>   |                    | 5. State of Incorporation<br><b>RHODE ISLAND</b>       |   |                    | 6. SIC Code<br><b>8953</b> |
| 7. Brief Description of the Character of Business Conducted in Rhode Island<br><b>AUTO BODY REPAIR - used car sales</b>            |                    |  |   |                    |                            |
| 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                    |  |   |                    |                            |
| President Name<br><b>PETER GIGLIOTTI, JR.</b>  |                    |  | Vice President Name<br><b>PETER GIGLIOTTI, JR.</b>                  |                    |                            |
| Street Address<br><b>50 Longview Ave.</b>  |                    |  | Street Address<br><b>50 Longview Ave.</b>                           |                    |                            |
| City<br><b>North Providence</b>  | State<br><b>RI</b> | Zip<br><b>02904</b>                                    | City<br><b>North Providence</b>                                     | State<br><b>RI</b> | Zip<br><b>02904</b>        |
| Secretary Name<br><b>PETER GIGLIOTTI, JR.</b>  |                    |  | Treasurer Name<br><b>PETER GIGLIOTTI, JR.</b>                       |                    |                            |
| Street Address<br><b>50 Longview Ave.</b>  |                    |  | Street Address<br><b>50 Longview Ave.</b>                           |                    |                            |
| City<br><b>North Providence</b>  | State<br><b>RI</b> | Zip<br><b>02904</b>                                    | City<br><b>North Providence</b>                                     | State<br><b>RI</b> | Zip<br><b>02904</b>        |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                    |  |   |                    |                            |
| Director Name<br><b>NONE</b>   |                    |  | Director Name<br><b>NONE</b>  |                    |                            |
| Street Address   |                    |  | Street Address  |                    |                            |
| City   | State              | Zip  | City  | State              | Zip                        |
| Director Name<br><b>NONE</b>   |                    |  | Director Name<br><b>NONE</b>  |                    |                            |
| 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                  |
| <b>1,000 COMM NO PAR VALUE</b>   |                    |  | <b>100</b>  | <b>Common</b>      | <b>No Par</b>              |

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



\* 4 6 5 7 3 \*

File Date 2/17/04  
Check No. 11890  
By: B.  
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 1/16/04  
Peter Gigliotti, Jr.  
Print or Type Name of Officer  
President  
Title of Officer



**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. **46573** 2. Name of Corporation **PETER GIGLIOTTI, INC.**  
3. Street Address Principal Business Office **456 West Fountain Street** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **831-5599** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**auto body repair -- used car sales**

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

|  |   |
|--|---|
| President Name<br><b>PETER GIGLIOTTI, JR.</b><br>Street Address<br><b>50 Longview Ave.</b><br>City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b> | Vice President Name<br><b>PETER GIGLIOTTI, JR.</b><br>Street Address<br><b>50 Longview Ave.</b><br>City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b> |
| Secretary Name<br><b>MATILDA GIGLIOTTI</b><br>Street Address<br><b>50 Longview Ave.</b><br>City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b>    | Treasurer Name<br><b>PETER GIGLIOTTI, JR.</b><br>Street Address<br><b>50 Longview Ave.</b><br>City <b>N. Providence</b> State <b>RI</b> Zip <b>02904</b>      |

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

|  |  |
|--|--|
| Director Name<br><b>NONE</b><br>Street Address<br><br>City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b> | Director Name<br><b>NONE</b><br>Street Address<br><br>City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b> |
| Director Name<br><b>NONE</b><br>Street Address<br><br>City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b> | Director Name<br><b>NONE</b><br>Street Address<br><br>City <b>NONE</b> State <b>NONE</b> Zip <b>NONE</b> |

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

| AUTHORIZED SHARES              | Class/Series | Par Value |
|--------------------------------|--------------|-----------|
| <b>1,000 COMM NO PAR VALUE</b> |              |           |

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

| ISSUED SHARES | Class/Series  | Par Value     |
|---------------|---------------|---------------|
| <b>100</b>    | <b>Common</b> | <b>No Par</b> |

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



\* 4 6 5 7 3 \*

File Date: 2/14/03  
Check No.: 11445  
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] 2/13/03  
Signature of Officer Date  
**Peter Gigliotti, Jr.**  
Print or Type Name of Officer

**President**  
Title of Officer  
Form 630 12/02



**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. **46573** 2. Name of Corporation **PETER GIGLIOTTI, INC.**  
3. Street Address Principal Business Office **456 West Fountain Street** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **831-5599** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**auto body repair -- used car sales**

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

|  |  |
|--|--|
| President Name<br><b>PETER GIGLIOTTI, JR.</b>      | Vice President Name<br><b>PETER GIGLIOTTI, JR.</b> |
| Street Address<br><b>50 Longview Ave.</b>          | Street Address<br><b>50 Longview Ave.</b>          |
| City State Zip<br><b>North Providence RI 02904</b> | City State Zip<br><b>North Providence RI 02904</b> |
| Secretary Name<br><b>MATILDA GIGLIOTTI</b>         | Treasurer Name<br><b>PETER GIGLIOTTI, JR.</b>      |
| Street Address<br><b>50 Longview Ave.</b>          | Street Address<br><b>50 Longview Ave.</b>          |
| City State Zip<br><b>North Providence RI 02904</b> | City State Zip<br><b>North Providence RI 02904</b> |

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

|                              |                              |
|------------------------------|------------------------------|
| Director Name<br><b>NONE</b> | Director Name<br><b>NONE</b> |
| Street Address               | Street Address               |
| City State Zip               | City State Zip               |
| Director Name<br><b>NONE</b> | Director Name<br><b>NONE</b> |
| 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  
**1,000 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common No Par**

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



\* 4 6 5 7 3 \*

File Date: 2-4-02  
Check No.: 10973  
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]  
Signature of Officer Date  
**Peter Gigliotti, Jr.**  
Print or Type Name of Officer

**President**  
Title of Officer



**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. **46573** 2. Name of Corporation **PETER GIGLIOTTI, INC.**

3. Street Address Principal Business Office **456 West Fountain Street** City **Providence** State **RI** Zip **02903**

4. Business Phone No. **831-5599** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**auto body repair -- used car sales**

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

|  |  |
|--|--|
| President Name<br><b>PETER GIGLIOTTI, JR.</b>      | Vice President Name<br><b>PETER GIGLIOTTI, JR.</b> |
| Street Address<br><b>50 Longview Ave.</b>          | Street Address<br><b>50 Longview Ave.</b>          |
| City State Zip<br><b>North Providence RI 02904</b> | City State Zip<br><b>North Providence RI 02904</b> |

|  |  |
|--|--|
| Secretary Name<br><b>MATILDA GIGLIOTTI</b>         | Treasurer Name<br><b>PETER GIGLIOTTI, JR.</b>      |
| Street Address<br><b>50 Longview Ave.</b>          | Street Address<br><b>50 Longview Ave.</b>          |
| City State Zip<br><b>North Providence RI 02904</b> | City State Zip<br><b>North Providence RI 02904</b> |

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

|                               |                               |
|-------------------------------|-------------------------------|
| Director Name<br><b>NONE</b>  | Director Name<br><b>NONE</b>  |
| Street Address<br><b>NONE</b> | Street Address<br><b>NONE</b> |
| City State Zip<br><b>NONE</b> | City State Zip<br><b>NONE</b> |

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 COMM NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common No Par**

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



\* 4 6 5 7 3 \*

File Date: 4-19-01

Check No.: 10034

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] 1/24/01  
Signature of Officer Date

**PETER GIGLIOTTI, JR.**  
Print or Type Name of Officer

**President**  
Title of Officer



**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. 46573 2. Name of Corporation Peter Gigliotti, Inc.  
3. Street Address Principal Business Office 456 West Fountain Street City Providence State R.I. Zip 02903  
4. Business Phone No. 401-831-5599 5. State of Incorporation Rhode Island 6. SIC Code 8953

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

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name Peter Gigliotti Jr.  
Street Address 23 Longue Vue Avenue  
City North Prov. State R.I. Zip 02904

Vice President Name Peter Gigliotti Jr.  
Street Address 23 Longue Vue Ave  
City North Providence State R.I. Zip 02904

Secretary Name Matilda Gigliotti  
Street Address 50 Long Vue Avenue  
City North Providence State R.I. Zip 02904

Treasurer Name Peter Gigliotti Jr.  
Street Address 23 Longue Vue Ave  
City North Prov State R.I. Zip 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name None  
Street Address  
City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)  
AUTHORIZED SHARES 1000 common no par  
Number of Shares Class/Series Par Value Value

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)  
ISSUED SHARES 100 common no par  
Number of Shares Class/Series Par Value Value

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

File Date: 9-27-00  
Check No.: 9745  
By: AMF

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 9/14/00  
Print or Type Name of Officer Peter Gigliotti Jr.  
Title of Officer Pres



**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. **48573** 2. Name of Corporation **PETER GIGLIOTTI, INC.**  
3. Street Address Principal Business Office \_\_\_\_\_ City \_\_\_\_\_ State **RI** Zip **02903**  
4. Business Phone No. **456 West Fountain Street** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**  
**831-5599**  
7. Brief Description of the Character of Business Conducted in Rhode Island **auto body repair**

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

|   |  |
|---|--|
| President Name<br><b>PETER GIGLIOTTI, JR.</b> | Vice President Name<br><b>PETER GIGLIOTTI, JR.</b> |
| Street Address<br><b>50 Longview Ave.</b>     | Street Address<br><b>50 Longview Ave.</b>          |
| City _____ State <b>RI</b> Zip <b>02904</b>   | City _____ State <b>RI</b> Zip <b>02904</b>        |
| Secretary Name<br><b>MATILDA GIGLIOTTI</b>    | Treasurer Name<br><b>PETER GIGLIOTTI, JR.</b>      |
| Street Address<br><b>50 Longview Ave.</b>     | Street Address<br><b>50 Longview Ave.</b>          |
| City _____ State <b>RI</b> Zip <b>02904</b>   | City _____ State <b>RI</b> Zip <b>02904</b>        |

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

|                                  |                                  |
|----------------------------------|----------------------------------|
| Director Name<br><b>NONE</b>     | Director Name<br><b>NONE</b>     |
| Street Address                   | Street Address                   |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |
| Director Name<br><b>NONE</b>     | Director Name<br><b>NONE</b>     |
| 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 |
|---------------------------------|------------------|--------------|-----------|
| <b>1,000 SHS COM NO PAR VAL</b> |                  |              |           |

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

| ISSUED SHARES | Number of Shares | Class/Series  | Par Value    |
|---------------|------------------|---------------|--------------|
| <b>100</b>    | <b>100</b>       | <b>Common</b> | <b>NoPar</b> |

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



File Date: 03-29-99  
Check No.: 9047  
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] Date \_\_\_\_\_  
Signature of Officer \_\_\_\_\_  
**PETER GIGLIOTTI, JR.**  
Print or Type Name of Officer  
**President**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **46573** 2. Name of Corporation **PETER GIGLIOTTI, INC.**  
3. Street Address Principal Business Office City State Zip  
**456 West Fountain Street Providence RI 02903**  
4. Business Phone No. 831-5599 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**auto body repair**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

|  |   |
|--|---|
| President Name<br><b>PETER GIGLIOTTI, JR.</b><br>Street Address<br><b>50 Longview Ave.</b><br>City State Zip<br><b>North Providence RI 02904</b> | Vice President Name<br><b>PETER GIGLIOTTI, JR.</b><br>Street Address<br><b>50 Longview Ave.</b><br>City State Zip<br><b>North Providence RI 02904</b> |
| Secretary Name<br><b>MATILDA GIGLIOTTI</b><br>Street Address<br><b>50 Longview Ave.</b><br>City State Zip<br><b>N. Providence RI 02904</b>       | Treasurer Name<br><b>PETER GIGLIOTTI, JR.</b><br>Street Address<br><b>50 Longview Ave.</b><br>City State Zip<br><b>N. Providence RI 02904</b>         |

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

|  |  |
|--|--|
| Director Name<br><b>NONE</b><br>Street Address<br><b>NONE</b><br>City State Zip<br><b></b> | Director Name<br><b>NONE</b><br>Street Address<br><b>NONE</b><br>City State Zip<br><b></b> |
| Director Name<br><b>NONE</b><br>Street Address<br><b>NONE</b><br>City State Zip<br><b></b> | Director Name<br><b>NONE</b><br>Street Address<br><b>NONE</b><br>City State Zip<br><b></b> |

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 SHS COM NO PAR VAL**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 Common No Par**

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



File Date: 3.10.98  
Check No.: 8386  
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: [Signature] Date: 3/2/98  
Peter Gigliotti, Jr.  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. **46573** 2. Name of Corporation **PETER GIGLIOTTI, INC.**  
3. Street Address Principal Business Office **456 West Fountain Street** City **Providence** State **RI** Zip **02903**  
4. Business Phone No. **831-5599** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**auto body repair**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

|  |  |
|--|--|
| President Name<br><b>Peter Gigliotti, Jr.</b><br>Street Address<br><b>50 Longview Ave.</b><br>City <b>North Prov</b> State <b>RI</b> Zip <b>02904</b>    | Vice President Name<br><b>Peter Gigliotti, Jr.</b><br>Street Address<br><b>50 Longview Ave.</b><br>City <b>North Providence</b> State <b>RI</b> Zip <b>02904</b> |
| Secretary Name<br><b>Matilda Gigliotti</b><br>Street Address<br><b>50 Longview Ave.</b><br>City <b>North Providence</b> State <b>RI</b> Zip <b>02904</b> | Treasurer Name<br><b>Peter Gigliotti, Jr.</b><br>Street Address<br><b>50 Longview Ave.</b><br>City <b>North Providence</b> State <b>RI</b> Zip <b>02904</b>      |

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

|  |  |
|--|--|
| Director Name<br><b>NONE</b><br>Street Address<br><b>NONE</b><br>City<br><b>NONE</b> | Director Name<br><b>NONE</b><br>Street Address<br><b>NONE</b><br>City<br><b>NONE</b> |
|--|--|

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

| AUTHORIZED SHARES               |              |           | ISSUED SHARES    |               |               |
|---------------------------------|--------------|-----------|------------------|---------------|---------------|
| Number of Shares                | Class/Series | Par Value | Number of Shares | Class/Series  | Par Value     |
| <b>1,000 SHS COM NO PAR VAL</b> |              |           | <b>100</b>       | <b>Common</b> | <b>No Par</b> |

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



\* 4 6 5 7 3 \*

File Date: 2-24-97  
Check No.: 0560  
By: MP / SEC

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: *Peter Gigliotti, Jr.* Date: \_\_\_\_\_  
Print or Type Name of Officer: Peter Gigliotti, Jr.  
Title of Officer: President

# PROFIT CORPORATION ANNUAL REPORT

## 1996



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

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

PLEASE TYPE OR PRINT IN BLACK INK.

|   |  |   |                     |
|---|--|---|---------------------|
| 1. CORPORATE ID NO<br>46573   |  | 2. NAME OF CORPORATION<br>PETER GIGLIOTTI, INC. |                     |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE<br>456 West Fountain Street |  | CITY<br>Providence                              | STATE<br>RI         |
| 4. BUSINESS PHONE NO.<br>831-5599                                       |  | 5. STATE OF INCORPORATION<br>RHODE ISLAND       | 6. SIC CODE<br>8953 |

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
auto body repair

### 8. NAMES AND ADDRESSES OF THE OFFICERS

|  |             |                   |   |             |                   |
|--|-------------|-------------------|---|-------------|-------------------|
| PRESIDENT NAME<br>Peter Gigliotti, Jr. |             |                   | VICE PRESIDENT NAME<br>Peter Gigliotti, Jr. |             |                   |
| STREET ADDRESS<br>50 Longview Ave.     |             |                   | STREET ADDRESS<br>50 Longview Ave.          |             |                   |
| CITY<br>North Prov                     | STATE<br>RI | ZIP CODE<br>02904 | CITY<br>North Providence                    | STATE<br>RI | ZIP CODE<br>02904 |
| SECRETARY NAME<br>Matilda Gigliotti    |             |                   | TREASURER NAME<br>Peter Gigliotti, Jr.      |             |                   |
| STREET ADDRESS<br>50 Longview Ave.     |             |                   | STREET ADDRESS<br>50 Longview Ave.          |             |                   |
| CITY<br>North Providence               | STATE<br>RI | ZIP CODE<br>02904 | CITY<br>North Providence                    | STATE<br>RI | ZIP CODE<br>02904 |

### 9. NAMES AND ADDRESSES OF THE DIRECTORS

|                       |       |          |                       |       |          |
|-----------------------|-------|----------|-----------------------|-------|----------|
| DIRECTOR NAME<br>NONE |       |          | DIRECTOR NAME<br>NONE |       |          |
| STREET ADDRESS        |       |          | STREET ADDRESS        |       |          |
| CITY                  | STATE | ZIP CODE | CITY                  | STATE | ZIP CODE |
| DIRECTOR NAME<br>NONE |       |          | DIRECTOR NAME<br>NONE |       |          |
| STREET ADDRESS        |       |          | STREET ADDRESS        |       |          |
| CITY                  | STATE | ZIP CODE | CITY                  | STATE | ZIP CODE |

### 10. SHARES AUTHORIZED AND ISSUED

| AUTHORIZED SHARES |                |           | ISSUED SHARES    |                |           |
|-------------------|----------------|-----------|------------------|----------------|-----------|
| NUMBER OF SHARES  | CLASS / SERIES | PAR VALUE | NUMBER OF SHARES | CLASS / SERIES | PAR VALUE |
| 1,000 SHS         | COM NO PAR VAL |           | 100              | Common         | No Par    |
|                   |                |           |                  |                |           |
|                   |                |           |                  |                |           |

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.

Signature of Officer

Peter Gigliotti, Jr.

Print or Type Name of Officer

President  
Title of Officer

1/25/96  
Date

File Date:

1/31/96

Check No:

5675

By:

*Co. H.P.*

For Secretary of State Use Only

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95

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



**FILED**

JAN 10 1995

By ML

**ANNUAL REPORT**

Please Type or Print  
 File Annually - Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0018578

Annual Report for the year: 1995

Name of Corporation: PETER GIGLIOTTI, INC.

Business entity organized under the laws of the State of: RI  
 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: ( )  
 Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)  
 456 West Fountain Street  
 Providence, RI 02903

Brief statement of the character of business conducted in Rhode Island.  
 auto body repair

Phone: (401) 831-5599

**THE NAMES OF THE OFFICERS ARE:**

| OFFICER                                | STREET ADDRESS   | CITY/STATE   | ZIP CODE |
|--|------------------|--------------|----------|
| PRESIDENT<br>Peter Gigliotti, Jr.      | 50 Longview Ave. | N. Prov., RI | 02904    |
| VICE PRESIDENT<br>Peter Gigliotti, Jr. | "                | "            | "        |
| SECRETARY<br>Matilda Gigliotti         | "                | "            | "        |
| TREASURER<br>Peter Gigliotti, Jr.      | "                | "            | "        |

**THE NAMES OF THE DIRECTORS ARE:**

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|------|----------------|------------|----------|
|      |                |            |          |
|      |                |            |          |
|      |                |            |          |

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

| Number of Shares | Class / Series | Number of Shares | Class / Series |
|------------------|----------------|------------------|----------------|
| 1,000 shs.       | Common, No Par | 100 shs.         | Common, No Par |

Date: Jan 5, 1995

By: Peter Gigliotti, Jr.  
 Peter Gigliotti, Jr., President  
PRINT OR TYPE NAME OF OFFICER SIGNING  
TITLE OF OFFICER SIGNING

Form 3 1995

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

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

ABRAHAM BELILOVE  
 1510 HOSPITAL TRUST TOWER  
 PROVIDENCE RI 02903



Filing Fee \$50.00

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

20178

Corporate ID 0045573 Annual Report for the year 1993

FIRST: The name of the corporation is PETER GIGLIOTTI, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is auto body repair

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 456 West Fountain Street, Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name Office Address (including number, street, zip code)

| Name                        | Office                | Address (including number, street, zip code) |
|-----------------------------|-----------------------|--|
|                             | Director              |  |
|                             | Director              |  |
|                             | Director              |  |
| <u>Peter Gigliotti, Jr.</u> | <u>President</u>      | <u>50 Longview Ave., N.Prov., RI 02904</u>   |
| <u>Peter Gigliotti, Jr.</u> | <u>Vice President</u> | <u>"</u>                                     |
| <u>Matilda Gigliotti</u>    | <u>Secretary</u>      | <u>"</u>                                     |
| <u>Peter Gigliotti, Jr.</u> | <u>Treasurer</u>      | <u>"</u>                                     |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class         | Series   | Par Value or statement that shares are without par value |
|---------------|---------------|----------|--|
| <u>1,000</u>  | <u>Common</u> | <u>1</u> | <u>No Par</u>  |

EIGHTH: Number of Shares issued:

| No. of Shares | Class         | Series   | Par Value or statement that shares are without par value |
|---------------|---------------|----------|--|
| <u>100</u>    | <u>Common</u> | <u>1</u> | <u>No Par</u>  |

Dated 7-1 1993

PETER GIGLIOTTI, INC.  
(Name of Corporation)  
By *Peter Gigliotti, Jr.*  
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

*CO 2701*  
**State of Rhode Island and Providence Plantations**

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0046573 Annual Report for the year 1992

FIRST: The name of the corporation is PETER GIGLIOTTI, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is auto body repair

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 456 West Fountain Street, Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name                 | Office         | Address (including number, street, zip code) |
|----------------------|----------------|--|
|                      | Director       |  |
|                      | Director       |  |
|                      | Director       |  |
| Peter Gigliotti, Jr. | President      | 50 Longview Avenue, N.Prov., RI 02904        |
| Peter Gigliotti, Jr. | Vice President | "  |
| Matilda Gigliotti    | Secretary      | "  |
| Peter Gigliotti, Jr. | Treasurer      | "  |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 100           | Common |        | No Par   |

EIGHTH: Number of Shares issued:

| No. of Shares | Class  | Series | Par Value or statement that shares are without par value |
|---------------|--------|--------|--|
| 100           | Common |        | No Par   |

**Rec'd & Filed FEB 24 1992**

Dated 2-14 1992

PETER GIGLIOTTI, INC.  
(Name of Corporation)

By *Peter Gigliotti*  
President

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0046573 Annual Report for the year 1991

FIRST: The name of the corporation is PETER GIGLIOTTI, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is auto body repair

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 456 West Fountain Street, Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name                        | Office                | Address (including number, street, zip code) |
|-----------------------------|-----------------------|--|
| .....                       | Director              | .....  |
| .....                       | Director              | .....  |
| .....                       | Director              | .....  |
| <u>Peter Gigliotti, Jr.</u> | <u>President</u>      | <u>50 Longview Avenue, N.Prov., RI 02904</u> |
| <u>Peter Gigliotti, Jr.</u> | <u>Vice President</u> | <u>"</u>                                     |
| <u>Matilda Gigliotti</u>    | <u>Secretary</u>      | <u>"</u>                                     |
| <u>Peter Gigliotti, Jr.</u> | <u>Treasurer</u>      | <u>"</u>                                     |

SEVENTH: Number of Shares authorized:

|               |       |
|---------------|-------|
| No. of Shares | Class |
| <u>100</u>    |       |

*CZ#52427*  
Series

Par Value or statement that shares are without par value

**PAID**

Par Value / No Par

**JAN 15 1991**

EIGHTH: Number of Shares issued:

|               |       |
|---------------|-------|
| No. of Shares | Class |
| <u>100</u>    |       |

**SEC'Y. OF STATE**  
Series

Par Value or statement that shares are without par value

Par Value / No Par

Dated January 4 19 91

Peter Gilgiotti, Inc.  
(Name of Corporation)

By *[Signature]*

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

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 0045575 Annual Report for the year 1990

FIRST: The name of the corporation is PETER GIGLIOTTI, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is auto body repair

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 456 West Fountain Street, Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name                 | Office         | Address (including number, street, zip code) |
|----------------------|----------------|--|
|                      | Director       |  |
|                      | Director       |  |
|                      | Director       |  |
| Peter Gigliotti, Jr. | President      | 50 Longview Avenue, N.Prov., RI 02904        |
| Peter Gigliotti, Jr. | Vice President | "  |
| Matilda Gigliotti    | Secretary      | "  |
| Peter Gigliotti, Jr. | Treasurer      | "  |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series      | Par Value or statement that shares are without par value |
|---------------|-------|-------------|--|
|               |       | <b>PAID</b> |  |

JAN 30 1990

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series       | Par Value or statement that shares are without par value |
|---------------|-------|--------------|--|
|               |       | SECY. OF STA |  |

Dated January 19 19 90

PETER GIGLIOTTI, INC.  
(Name of Corporation)

By Peter Gigliotti, Jr.

President

Title

(Report must be signed by an officer)

Filing Fee \$15.00

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 0046573 Annual Report for the year 1989

FIRST: The name of the corporation is PETER GIGLIOTTI, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Auto body repair

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 456 West Fountain Street, Providence,  
Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

| Name                        | Office                | Address (including number, street, zip code)     |
|-----------------------------|-----------------------|--|
|                             | Director              |  |
|                             | Director              |  |
|                             | Director              |  |
| <u>Peter Gigliotti, Jr.</u> | <u>President</u>      | <u>55 Long Vue Ave, No Providence, R.I 02904</u> |
| <u>Peter Gigliotti, Jr.</u> | <u>Vice President</u> | <u>SAME</u>                                      |
| <u>Matilde Gigliotti</u>    | <u>Secretary</u>      | <u>SAME</u>                                      |
| <u>Peter Gigliotti, Jr.</u> | <u>Treasurer</u>      | <u>SAME</u>                                      |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| <u>100</u>    |       |        |  |

PAID

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series | Par Value or statement that shares are without par value |
|---------------|-------|--------|--|
| <u>0-</u>     |       |        |  |

Dated March 1, 1989

Peter Gigliotti, Inc.  
(Name of Corporation)  
By Peter Gigliotti  
Title President

(Report must be signed by an officer)