



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
401.222.3940

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90875		2. Name of Corporation STAMAS AUTO & TRUCK CENTER, INC.	
3. Street Address Principal Business Office 1045 Cranston Street		City Cranston	State RI
4. Business Phone No. 401-946-9594		5. State of Incorporation RHODE ISLAND	
6. SIC Code 0			
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, MANAGE, LEASE, SELL USED AUTOMOBILES AND TRUCKS AND ANY OTHER LAWFUL BUSINESS.			
8. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Leon G. Stamas		Vice President Name Leon N. Stamas	
Street Address same as above		Street Address same as above	
City	State	City	State
Zip		Zip	
Secretary Name Leon N. Stamas		Treasurer Name Leon G. Stamas	
Street Address same as above		Street Address same as above	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Leon G. Stamas		Director Name Leon N. Stamas	
Street Address same as above		Street Address same as above	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
None	Common	No Par Value	

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 Leon G. Stamas Date 1/20/05
Print or Type Name of Officer
Leon G. Stamas
President
Title of Officer

File Date	<u>1/31/05</u>
Check No.	<u>2730</u>
By	<u>VS</u>
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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. *90875*		2. Name of Corporation STAMAS AUTO & TRUCK CENTER, INC.									
3. Street Address Principal Business Office 1045 CRANSTON STREET		City CRANSTON	State RI	Zip 02920							
4. Business Phone No. (401) 946-9594		5. State of Incorporation RHODE ISLAND		6. SIC Code 0							
7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, MANAGE, LEASE, SELL USED AUTOMOBILES AND TRUCKS AND ANY OTHER LAWFUL BUSINESS.											
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name Leon G. Stamas		Vice President Name Leon N. Stamas									
Street Address Same as above		Street Address Same as above									
City	State	Zip	City	State	Zip						
Secretary Name Leon N. Stamas		Treasurer Name Leon G. Stamas									
Street Address Same as above		Street Address Same as above									
City	State	Zip	City	State	Zip						
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
Director Name Leon G. Stamas		Director Name Leon N. Stamas									
Street Address Same as above		Street Address Same as above									
City	State	Zip	City	State	Zip						
Director Name		Director Name									
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						
Number of Shares		Class/Series		Par Value		Number of Shares		Class/Series		Par Value	
1,000 COMM NO PAR VALUE						None					

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



* 9 0 8 7 5 *

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 Leon G. Stamas Date 2-22-03
Leon G. Stamas
Print or Type Name of Officer
President
Title of Officer

90875 DBC11/17/0311:36:16 AM

File Date 3-7-03

Check No. 2110

By BMF

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No

90875

2. Name of Corporation

STAMAS AUTO & TRUCK CENTER, INC.

3. Street Address Principal Business Office

1045 Cranston Street

City

Cranston

State

RI

Zip

02920

4. Business Phone No

946-9594

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

To own, manage, lease, sell used automobiles and trucks and any lawful business.

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

President Name

Leon G. Stamas

Vice President Name

Leon N. Stamas

Street Address

1045 Cranston Street

Street Address

Same

City

Cranston

State

RI

Zip

02920

City

State

Zip

Secretary Name

Leon N. Stamas

Treasurer Name

Leon G. Stamas

Street Address

Same

Street Address

Same

City

State

Zip

City

State

Zip

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

Director Name

Leon G. Stamas

Director Name

Leon N. Stamas

Street Address

Same

Street Address

Same

City

State

Zip

City

State

Zip

Director Name

Director Name

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

None

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



* 9 0 8 7 5 *

File Date

2-7-02

Check No.

2885

By:

LMF

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.

Leon G. Stamas 1/14/02
Signature of Officer Date

Leon G. Stamas

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the 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. **90875** 2. Name of Corporation **STAMAS AUTO & TRUCK CENTER, INC.**

3. Street Address Principal Business Office
1045 Cranston Street City **Cranston** State **RI** Zip **02920**

4. Business Phone No. **9469594** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island **To own, manage, lease, sell used automobiles and trucks and any lawful business.**

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

President Name Leon G. Stamas	Vice President Name Leon N. Stamas
Street Address 1045 Cranston Street	Street Address 1045 Cranston Street
City Cranston State RI Zip 02920	City Cranston State RI Zip 02920

Secretary Name Leon N. Stamas	Treasurer Name Leon G. Stamas
Street Address 1045 Cranston Street	Street Address 1045 Cranston Street
City Cranston State RI Zip 02920	City Cranston State RI Zip 02920

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

Director Name Leon G. Stamas	Director Name Leon N. Stamas
Street Address 1045 Cranston Street	Street Address 1045 Cranston Street
City Cranston State RI Zip 02920	City Cranston State RI Zip 02920

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS COMM NO PAR VAL		

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 0 8 7 5 *

FILED

File Date **JAN 29 2001**

Check No. **101299**

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] Date **1/29/01**

Signature of Officer **Leon G. Stamas**

Print or Type Name of Officer

President

Title of Officer



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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90875		2. Name of Corporation STAMAS AUTO & TRUCK CENTER, INC.	
3. Street Address Principal Business Office 1045 Cranston Street		City Cranston	State RI
4. Business Phone No. 946-9594		5. State of Incorporation RHODE ISLAND	
6. SIC Code		Zip 02920	
7. Brief Description of the Character of Business Conducted in Rhode Island To own, manage, lease, sell used automobiles and trucks and any lawful business.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Leon G. Stamas		Vice President Name Leon N. Stamas	
Street Address 1045 Cranston Street		Street Address 1045 Cranston Street	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Leon N. Stamas		Treasurer Name Leon G. Stamas	
Street Address 1045 Cranston Street		Street Address 1045 Cranston Street	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Leon G. Stamas		Director Name Leon N. Stamas	
Street Address 1045 Cranston Street		Street Address 1045 Cranston Street	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000 SHS COMM NO PAR VAL			
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 0 8 7 5 *

File Date: **1/19/00**
Check No.: **5542**
By: **91269**
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: **Leon G. Stamas** Date: **1-13-00**
Print or Type Name of Officer: **Leon G. Stamas**
Title of Officer: **President**



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. **90875** 2. Name of Corporation **STAMAS AUTO & TRUCK CENTER, INC.**

3. Street Address Principal Business Office **1045 Cranston Street** City **Cranston** State **RI** Zip **02920**

4. Business Phone No. **946-9594** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **0000**

7. Brief Description of the Character of Business Conducted in Rhode Island **To own, manage, lease, sell used automobiles and trucks and any lawful business.**

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

President Name Leon G. Stamas Street Address 1045 Cranston Street City Cranston State RI Zip 02920	Vice President Name Leon N. Stamas Street Address 1045 Cranston Street City Cranston State RI Zip 02920
--	---

Secretary Name Leon N. Stamas Street Address 1045 Cranston Street City Cranston State RI Zip 02920	Treasurer Name Leon G. Stamas Street Address 1045 Cranston Street City Cranston State RI Zip 02920
--	--

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

Director Name Leon G. Stamas Street Address 1045 Cranston Street City Cranston State RI Zip 02920	Director Name Leon N. Stamas Street Address 1045 Cranston Street City Cranston State RI Zip 02920
---	---

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
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1,000 SHS COMM NO PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
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None

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



File Date: **FILED**

Check No.: **FEB 03 1999**

By: **By 45/93**

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 **Leon G. Stamas** Date **1-28/99**

Print or Type Name of Officer **Leon G. Stamas**

Title of Officer **President**



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
401-277-3040



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. 90875		2. Name of Corporation STAMAS AUTO & TRUCK CENTER, INC.	
3. Street Address Principal Business Office 1045 CRANSTON STREET		City CRANSTON	State RI
4. Business Phone No. 946-9594		Zip 02920	
5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island To own, manage, lease, sell used automobiles and trucks and any lawful business.			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name Leon G. Stamas		Vice President Name Leon N. Stamas	
Street Address 1045 Cranston Street		Street Address 1045 Cranston Street	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Secretary Name Leon N. Stamas		Treasurer Name Leon G. Stamas	
Street Address 1045 Cranston Street		Street Address 1045 Cranston Street	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name Leon G. Stamas		Director Name Leon N. Stamas	
Street Address 1045 Cranston Street		Street Address Leon G. Stamas	
City Cranston	State RI	City Cranston	State RI
Zip 02920		Zip 02920	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
1,000 SHS COMM NO PAR VAL			
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 0 8 7 5 *

File Date: 2-11-98
Check No.: 4832
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: 1-9-98
Leon G. Stamas
Print or Type Name of Officer
President
Title of Officer



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
401-277-3040



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.

90875

2. Name of Corporation

STAMAS AUTO & TRUCK CENTER, INC.

3. Street Address Principal Business Office

1045 Cranston Street

City

Cranston

State

RI

Zip

02920

4. Business Phone No.

946-9594

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8888

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

To own, manage, lease, sell used automobiles and trucks and any lawful business.

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

President Name

Leon G. Stamas

Street Address

1045 Cranston Street

City

State

Zip

Cranston

RI

02920

Secretary Name

Leon N. Stamas

Street Address

1045 Cranston Street

City

State

Zip

Cranston

RI

02920

Vice President Name

Leon N. Stamas

Street Address

1045 Cranston Street

City

State

Zip

Cranston

RI

02920

Treasurer Name

Leon G. Stamas

Street Address

1045 Cranston Street

City

State

Zip

Cranston

RI

02920

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

Director Name

Leon G. Stamas

Street Address

1045 Cranston Street

City

State

Zip

Cranston

RI

02920

Director Name

Director Name

Leon N. Stamas

Street Address

1045 Cranston Street

City

State

Zip

Cranston

RI

02920

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

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 0 8 7 5 *

File Date: 2/5/97

Check No.: 4532

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] 1/31/97

Signature of Officer

Leon G. Stamas

Print or Type Name of Officer

President

Title of Officer