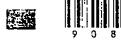


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3940

PROFIT COl	RPORATION ary I - March I	I ANNUAL REF Fülng Fee: \$50.00	ORT FOR THE	YEAR 2005	
FORM MUST BE TYPE		J			
1. Corporate ID No. 90875	2. Name of Col STAMAS	rporation AUTO & TRUCK CEN	TER, INC.		· · · · · · · · · · · · · · · · · · ·
3. Street Address Principa	al Business Office	**.*	City	State	Zip
1045 Cranston	Street		Cranston	RI	02920
4. Business Phone No.	****	5. State of Incorpora	tion	.,,,,	6. SiC Code
401-946-9594		RHODE ISLA	ďD		÷ 0
7. Brief Description of th TO OWN, MANAGE,	e Character of Business (LEASE, SELL US	onducted in Rhode Island ED AUTOMOBILES AND	TRUCKS AND ANY OTHER	R LAWFUL BUSINESS.	
8. NANES AND AD	DRESSES OF THE C	ttichiis <i>ex box po</i> r	ASTACHNIENT) [] TILL IN S Vice President Name	Paces before using a	TTACHMENTS
Leon G. Stamas	3		Leon N. Stamas	3	
Street Address	Committee with a season way and a season way and a season with a season way and a season way and a season way a	VIAVA (A. 1121/4/AVA) 112.741.7402111. (A. 1121/4/AVA)	Street Address	Magastria III in a servici se i e par pe	** ** * * * * * * * * * * * * * * * * *
same as above			same as above		
City	State	Ζίρ	City	State	Zip
Secretary Name			Treasurer Name	San	Programme Allerance Sciences
Leon N. Stamas	3		Leon G. Stamas	.	
Street Address		*** ******** (*****)*******************	'Street Address	*** * ** * * * * * * * * * * * * * * * *	
same as above			.same as above		
City	State	Zip	Clty	State	Zip
9. NAMES AND AD Director Name	dresses of the d	hectors curborn	RATTACHMENT) FILL IN	SPACES DEFURE USING	ATTACHMENTS
Leon G. Stamas	5		Leon N. Stamas	3	
Street Address		***** *** *****************************	Street Address		
same as above			same as above	•	
Стру		Zíp	-City	State	Zip
	ş		` '		- ,
Director Name			Director Name	A CAMPANIAN CANADA	
Street Address			Street Address		
Čity	State	Zip	Chy	State	Zip · · · · · · · · · · · · · · · · · · ·
	V# Var. V	OKATIKCINIDOT 🔲	i sharts issued a	"X" BOX FORATTACHALE	
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
	- CIMINDING		, , , , , , , , , , , , , , , , , , ,	: C1603/30/103	y mr culus
1,000 COMM NO	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 Trustce



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v	c	exa:	nin	cc.
i	51	aten	ıcn	ts,

File Date	1/31/05	•
Check No.	2730	
$B_{Y'}$	V	
FOR SECR	ETARY OF STATE USE ONLY	•.

	e and affirm that I have examined
this report, including any accomp	apping schedules and statements,
and that all statements contained	herein are true and correct.

Signature of Officer Date

Leon G. Stamas

Print or Type Name of Officer

President Title of Officer

Form 630 1201



AUTHORIZED SHARES

1.000 COMM NO PAR VALUE

Class/Series

Number of Shares

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

	_			2002	
PROFIT COF	RPORATION	NANNUAL R	EPORT FOR THE	YEAR 2003	
Filing Period: Janua	="	ruing ree: \$50.00			
(FORM MUST BE TYPE) 1. Corporate ID No *90875*	2. Name of Co	rporation AUTO & TRUCK C	ENTER INC		
3. Street Address Principa		AOTO & TROOK C	·····		
1045 CRANSTON			City CRANSTON	State RI	<i>Zip</i> 02920
4. Business Phone No.		5. State of Incor			6. SIC Code
(401)946-9594		RHODE IS	•		0
7. Brief Description of the	e Character of Business	Conducted in Rhode Island		**************************************	
TO OWN, MANAGE,	LEASE, SELL US	SED AUTOMOBILES A	ND TRUCKS AND ANY OTHE	R LAWFUL BUSINESS	.
A NAMES AND ADI	DRESSES OF THE C	DEFICERS /*V** RAY I	PORATIACHMENT) 🗍 YILL IN :	DACE DECORE	Partional Control of the Control of
President Name			Vice President Name	inces birold; collec	NIACINIE II
Leon G. Stamas	1		Leon N. Stamas	3	
Sircei Address	***************************************		Street Address		
Same as above			. Same as above		
City	State .	Zip	City	State	Žip
Secretary Name			Treasurer Name		
Leon N. Stamas	•		Leon G. Stamas	•	
Street Address		**************************************	Sireei Address	**************************************	
Same as above			Same as above		
City	§State	7.φ	Ciņ	State	Zîp
North and are well-section to protection to	mannian and manning	. No a color de mario			
9: NAMES AND ADI	dresses of the i	DIRECTORS ("X" BO)	Y <i>FORATTACHMENT</i>) ☐ FULL II	N SPACES BEFORE USU	NG ATTACHMENTS
	_		Director Nume		
Leon G. Stamas	} 	**-********************************	Leon N. Stama:	3 .	
Street Address			Street Address		
Same as above		*:*:*:*:	Śame as above	***************************************	******** *****************************
City	State	Zip	City	State	Zip
Director Name	3		Director Name		•••
Street Address	······································		Street Address		THE RESIDENCE OF THE PROPERTY
Cirv	Siute	**************************************	City		····
O.III)	Zip	Cny	State	Zip
IO SHARPE LIBIU	1817EN 200 - 200 -	OR ATTACHMENT)	energy construction of the second		
The second will be a second	CONCLUDIO (A. BUAT	UN AT LAULIMBATI)	Manager Canvillatives (1920FD)	"X" BOX FOR ATTACUM	477万山 经参约600 生用的 的复数

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.

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

Leon G. Stamas

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01

ISSUED SHARES
Number of Shares

None

Class/Series

Par Value

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040



2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: Januar				L 12.11K	PLEASUREAD INSTRUCTIONS
(FORM MUST BE TYPED IN BI	LACK)				
1. Corporate ID No	2. Name of Corpora	tion			
90875	STAMAS AU	ITO & TRUCK CENTER	, INC.		
3. Street Address Principal Busine,	ss Office		City	State	Zip
1045 Cransto	n Street		Cranston	RI	02920
4. Business Phane No. 946-9594		5 State of Incorporate RHODE ISLA			6 SIC Code 0
7. Brief Description of the Charact	ter of Business Conducted i				d automobiles and
trucks and a: 8. NAMES AND ADDRE President Name Leon G. Stam	ESSES OF THE OFFI	usiness.	·	BEFORE USING AT	
Street Address 1045 Cranston	n Street		Street Address Same		
City	State	Zip	City	State	Zip
Cranston	RI	02920			
Secretary Name Leon N. Stam Steet Addiess	as		Treasurer Name Leon G. Stama Street Address	as	
Same			Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRE Director Name Leon G. Stam Street Address Same		ECTORS ("x" BOX FOR A	ATTACHMENT) FILL IN SPAC Director Name Leon N. Sta Mreel Address Same	es before using A amas	ATTACHMENTS
City	State	Zip	City	State	Zip
Director Name		·	Director Name		
Street Address			Street Address		
City	State	Zip	Gdy	State	7 sp
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" BOX FOR ATTACHM	IENT)
Number of Shares	Class/Series	Par Value	Number of Shures	Class/Series	Par Value
1,000 COMM NO PAR V	/ALUE		None		

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



File Date	2-7-02	
Check No.:		•
By:	<u> IMF</u>	
	RY 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 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. 90875

2. Name of Curporation
STAMAS AUTO & TRUCK CENTER, INC.

			•		
3. Street Address Principal Busines	· · · · · · · · · · · · · · · · · · ·		Спу	State	Zip
1045 Cranston	Street		Cranston	RI	02920
4. Business Phone No 9469594		S State of Incorporation RHODE ISLA			6. SIC CON
and any lawful b	ousiness.		manage, lease, se		
B. NAMES AND ADDRES President Name	SSES OF THE OFF	ICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE Vice President Name	ES BEFORE USING ATTA	CHMENIS
Leon G. Stamas			Leon N. Stama	S	
1045 Cranston St	reet		1045 Cranston	Street	
City	State	Zip	City	State	Zip
Cranston .	RI	02920	Cranston Treasurer Name	RI	02920
Leon N. Stamas			Leon G. Stama	S	
1045 Cranston St	reet		1045 Cranston	Street	
Dity	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
Leon G. Stamas			Leon N. Stama	s	
Street Address			Street Address		
1045 Cranston St	reet		1045 Cranston	Street	
City	State	Zip	: City	State	Zip
Cranston	RI	02920	Cranston	RI	02920
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Cuy	State	Zip
10. SHARES AUTHORIZI	ED (*x* box for att	(ACHMENT)	11. SHARES ISSUED) ("X" BOX FOR ATTACHME!	VT)

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

Number of Shares

None

Signature of Officer

Par Value



Class/Series

File Date

Number of Shares

Check No.:

1,000 SHS COMM NO PAR VAL

FOR SECRETARY OF STATE USE ONLY

JAN 2 9 2001

Leon G. Stamas Print or Type Name of Officer President Title of Officer

that all statements contained herein are true and correct.

this report, including any accompanying schedules and statements, and

Class/Series



Par Value

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 • Filling Fee: \$50.00

CORNEL MICT	OF THIRDS IN DEALERS	

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

Cranston

State RI

02920

4. Business Phone No.

5. State of Incorporation

6. SIC Code

946-9594

RHODE ISLAND

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

Leon N. Stamas

Street Address

1045 Cranston Street

City

1045 Cranston Street City

Street Address

Vice President Name

Cranston

RI

02920

Cranston

Street Address

RI

02920

Secretary Name Treasurer Name Leon G. Stamas

Leon N. Stamas

Street Address

1045 Cranston Street

City Cranston

RI

02920

City

RΙ

RI

02920

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

Leon G. Stamas

Street Address

1045 Cranston Street

City Cranston

RI

02920

Leon N. Stamas

Street Address

Director Name

1045 Cranston Street

1045 Cranston Street

Cranston

02920

Director Name

Street Address

Street Address

Director Name

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ISSUED SHARES Number of Shares

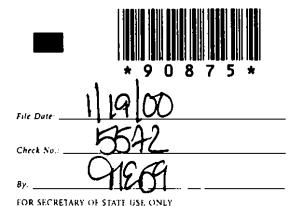
Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

None

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

Print or Type Name of Officer President

Title of Officer





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 TYI	rtD IN	BLACK
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1. Corporate II) No.

2. Name of Corporation

90875	STAMAS AUTO & TR	UCK CENTER, INC.					
3. Street Address Principal Business Offic	•	City		State	Zip		
1045 Cranston 8. Business Phone No.	S. State	of Incorporation	anston	RI	02920 6. SIC Code)	
946-9594	RH	ODE ISLAND			0000	0000	
7. Brief Description of the Character of B	usiness Conducted in Rhode Island	To own, manag	e, lease,	sell used	l automobiles	and	
trucks and an B. NAMES AND ADDRESSES President Name	y lawful busine OF THE OFFICERS (*x* i	BSS. BOX FOR ATTACHMENT) F Vice Presid	ILL IN SPACES BE	EFORE USING AT	TTACHMENTS	-	
Leon G. Stama	s	Leon Siteet Addi	N. Stamas	5			
1045 Cranston	Street Zip	1045	Cranston	Street	Zip		

City	State	ZIp	City	State	Zip
Cranston Secretary Name	RI	02920	Cranston Treasurer Name	RI	02920
Leon N. S	Stamas		Leon G. Stam	as ·	
City 1045 Crar	ston Street	Zip	1045 Cransto	n Street	Zip
Cranston NAMES AND ADD	RI RESSES OF THE DIREC	02920 CTORS ("X" BOX FOR AT	Cranston TACHMENT) FILLIN SPAC	R I	02920
Director Name			Director Name		

Director Name			Director Name			
Leon (G. Stamas		Leon	N. Stamas	3	
1045 (Cranston Street	Zip	1045	Cranston	Street State	Zip
_		00000	_		D. T.	00000

Cranston RΙ Cranston 02920 Director Name

Street Address Street Address

City State City Zip

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

AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series

1,000 SHS COMM NO PAR VAL 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 0.3 1999
	~ / (=/0=

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 frue and correct.

Leon G. Stamas Print or Type Name of Officer

<u>Pressident</u> Title of Officer



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

STAMAS AUTO & TRUCK CENTER, INC.

(FORM MUST BE TYPED IN BLACK)

2. Name of Corporation

1. Corporate ID No.

90875

3. Street Address Principal Business 1045 CRANSTON			cny CRANSTON	State R I	zip 02920	
4. Business Phone No. 946-9594		5. State of Incorporation RHODE ISLAND			6. SIC Code	
2. Brief Description of the Character and trucks and			manage, le	ase, sell used	automobiles	
8. NAMES AND ADDRESS President Name	SES OF THE OFFICE	ERS ("X" BOX FOR ATTACH		•		
Leon G. Stamas	3		Vice President Name Leon N. Street Address	Stamas		
1045 Cranston	Street			anston Street		
Cliy	State	Zip	City	State	Zip	
Cranston	RI	02920	Cranston	RI	02920	
Secretary Name			Treasurer Name			
Leon N. Stamas	;		Leon G. S	tamas		
Street Address	,		Street Address			
1045 Cranston	Street		1045 Cranston Street			
City	State	Zip	City	State	Zip	
Cranston	RΙ	02920	Cranston	RI	02920	
9. NAMES AND ADDRESS Director Name	SES OF THE DIRECT	TORS ("X" BOX FOR ATTAC	CHMENT) Director Name			
Leon G. Stamas	3		Leon N. S	tamas		
1045 Cranston	Street		Leon G. S	tamas		
City	State	Zip	City	State	Zip	
Cranston . Director Name	RI	02920	Cranston Director Name	RI	02920	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZED AUTHORIZED SHARES	O ("X" BOX FOR ATTACE	IMENT) [*]	11. SHARES ISSU	ED (*X* BOX FOR ATTACHME	NT)	
Number of Shares	Class/Sertes	Par Value	Number of Shares	Class/Series	Par Value	
1,000 SHS COMM NO	PAR VAL		NONE			
This report must be signe	e d in ink by either	the President, Vice Pr	:esident Secretary	Assistant Secretary Trea	asurer Receiver or Tr	

that all statements contained herein are true and correct. File Date: . Signature of Officer Date Check No.: Leon G. Stams Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer

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

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.

2. Name of Corporation

90875

STAMAS AUTO & TRUCK CENTER, INC.

3. Street Address Principal Business Office

1045 Cranston Street

State

Zip

4. Business Phone No.

Cranston 5. State of Incorporation

RΙ

02920 6. SIC Code

946-9594

RHODE ISLAND

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)

Vice President Name

Leon G. Stamas Street Address

Leon N. Stamas

Street Address

1045 Cranston Street

1045 Cranston Street

City

Zip

1045 Cranston Street City

State

2.10

Cranston Secretary Name

RΙ

02920

Cranston Treasurer Name

RI

02920

Leon N. Stamas

Street Address

Leon G. Stamas

City

Street Address

1045 Cranston Street

State

Cranston

State RΙ

02920

Cranston

RI

02920

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

Leon G. Stamas

Street Address

Director Name

Leon N. Stamas

Street Address

1045 Cranston Street

City

Zip

Cranston

City

1045 Cranston Street

Cranston

RI

02920

Director Name

RI

02920

Street Address

Director Name

Street Address

City

State

Zip

Zip

City

State

ZIp

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES Number of Shares

Class/Series

Par Value

1,000 SHS COMM NO PAR VAL

None

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



CRETARY 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 correc

of Officer

Print or Type Name of Officer

Leon G. Stamas

President

Title of Officer

