



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. 72776		2. Name of Corporation RESERVOIR AVENUE AUTO SERVICE, INC.			
3. Street Address Principal Business Office 271 Reservoir Avenue			4. City Providence	5. State RI	6. Zip 02907
7. Business Phone No. (401) 941-6560		8. State of Incorporation RHODE ISLAND			9. SIC Code 8953
10. Brief Description of the Character of Business Conducted in Rhode Island AUTOMOBILE REPAIR BUSINESS.					
11. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
12. President Name Paul Candjon			13. Vice President Name Louis Candjon		
14. Street Address 986 Main Street			15. Street Address 986 Main Street		
16. City Warwick	17. State RI	18. Zip 02886	19. City Warwick	20. State RI	21. Zip 02886
22. Secretary Name Paul Candjon			23. Treasurer Name		
24. Street Address 986 Main Street			25. Street Address		
26. City Warwick	27. State RI	28. Zip 02886	29. City	30. State	31. Zip
11. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
32. Director Name Paul Candjon			33. Director Name		
34. Street Address 986 Main Street			35. Street Address		
36. City Warwick	37. State RI	38. Zip 02886	39. City	40. State	41. Zip
32. Director Name			33. Director Name		
34. Street Address			35. Street Address		
36. City	37. State	38. Zip	39. City	40. State	41. Zip
12. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 13. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
14. AUTHORIZED SHARES			15. ISSUED SHARES		
16. Number of Shares	17. Class/Series	18. Par Value	19. Number of Shares	20. Class/Series	21. Par Value
500 NO PAR VALUE			200	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 9/6/05
Check No. 4299
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.

Paul Candjon 9/2/05
Signature of Officer Date
PAUL CANDJON
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. 72776		2. Name of Corporation RESERVOIR AVENUE AUTO SERVICE, INC.			
3. Street Address Principal Business Office 271 Reservoir Avenue			City Providence	State RI	Zip 02907
4. Business Phone No 401-941-6560		5. State of Incorporation RHODE ISLAND		6. SIC Code 8953	
7. Brief Description of the Character of Business Conducted in Rhode Island AUTOMOBILE REPAIR BUSINESS.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul Candjon			Vice President Name Louis Candjon		
Street Address 986 Main Street			Street Address 986 Main Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Paul Candjon			Treasurer Name		
Street Address 986 Main Street			Street Address		
City Warwick	State RI	Zip 02886	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 Paul Candjon			Director Name		
Street Address 986 Main Street			Street Address		
City Warwick	State RI	Zip 02886	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"/>			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
500 NO PAR VALUE			200 Shares	Common	No Par

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



* 7 2 7 7 6 *

File Date 5/18/04
Check No. 3459
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.

Paul Candjon
Signature of Officer
Date
Paul Candjon
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. **72776** 2. Name of Corporation **RESERVOIR AVENUE AUTO SERVICE, INC.**

3. Street Address Principal Business Office **271 Reservoir Avenue** City **Providence** State **RI** Zip **02907**

4. Business Phone No. **401-941-6560** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island
Auto REpair and any and all lawful business

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

President Name Paul Candjon Street Address 986 Main Street City Warwick State RI Zip 02886	Vice President Name Louise Candjon Street Address 986 Main Street City Warwick State RI Zip 02886
Secretary Name Paul Candjon Street Address 986 Main Street City Warwick State RI Zip 02886	Treasurer Name Street Address City State Zip

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

Director Name Paul Candjon Street Address 986 Main Street City Warwick State RI Zip 02886	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
500 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
200 Shares	Common	No Par

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



* 7 2 7 7 6 *

File Date: 4-28-03

Check No: 2798

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] 4/8 03
Signature of Officer Date

Paul Candjon
Print or Type Name of Officer

President
Title of Officer



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. **72776** 2. Name of Corporation **RESERVOIR AVENUE AUTO SERVICE, INC.**
3. Street Address Principal Business Office **271 Reservoir Avenue** City **Providence** State **RI** Zip **02907**
4. Business Phone No. **(401) 941-6560** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

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

Auto Repair and any and all lawful business

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

President Name Paul Candjon Street Address 986 Main Street City Warwick State RI Zip 02886	Vice President Name Louis Candjon Street Address 986 Main Street City Warwick State RI Zip 02886
Secretary Name Paul Candjon Street Address 986 Main Street City Warwick State RI Zip 02886	Treasurer Name Street Address City State Zip

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

Director Name Paul Candjon Street Address see above City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	500 NO PAR VALUE		

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200 shares	Common	No Par

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



* 7 2 7 7 6 *

File Date: 7-15-02
Check No. 2318
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 of Officer: [Signature] Date: 7/11/02
Name: PAUL CANDJON
Title: President
Title of Officer: [Signature]



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. 72776		2. Name of Corporation Reservoir Avenue Auto Service, Inc.			
3. Street Address Principal Business Office 271 Reservoir Avenue			City Providence	State RI	Zip 02907
4. Business Phone No. (401) 941-6560		5. State of Incorporation Rhode Island			6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island Auto Repair and any and all lawful business					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Paul Candjon			Vice President Name Louis Candjon		
Street Address 986 Main Street			Street Address 986 Main Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Louise Candjon			Treasurer Name Paul Candjon		
Street Address 986 Main Street			Street Address 986 Main Street		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Paul Candjon			Director Name		
Street Address 986 Main Street			Street Address		
City Warwick	State RI	Zip 02886	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"/>			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
500 Shares		No Par	200 Shares	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: **FILED**
JUL 16 2001
Check No.:
By: cc 180
FOR SECRETARY OF STATE USE ONLY cc

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.
Paul Candjon PRES 7-13-04
Signature of Officer Date
Paul Candjon
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. 72776 2. Name of Corporation RESERVOIR AVENUE AUTO SERVICE, INC.
3. Street Address Principal Business Office 271 RESERVOIR AVENUE, PROVIDENCE, RI City PROVIDENCE State RI Zip 02907
4. Business Phone No. (401) 941-6560 5. State of Incorporation RHODE ISLAND 6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island

Auto repair and any and all lawful business.

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

President Name	PAUL CANDJON	Vice President Name	LOUISE CANDJON
Street Address	986 Main Street	Street Address	986 Main Street
City	Warwick, RI	City	Warwick, RI
State	RI	State	RI
Zip	02886	Zip	02886
Secretary Name	LOUISE CANDJON	Treasurer Name	PAUL CANDJON
Street Address	986 Main Street	Street Address	986 Main Street
City	Warwick, RI	City	Warwick, RI
State	RI	State	RI
Zip	02886	Zip	02886

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

Director Name	PAUL CANDJON	Director Name	
Street Address	986 Main Street	Street Address	
City	Warwick, RI	City	
State	RI	State	
Zip	02886	Zip	
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	

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

AUTHORIZED SHARES	Class/Series	Par Value
500 shares	no par value	

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

ISSUED SHARES	Class/Series	Par Value
200 shares	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.

File Date 7-10-00
Check No. 1115
By: AME
FOR SECRETARY OF STATE USE ONLY

Signature of Officer Paul J Candjon Date 7/7/2000
Print or Type Name of Officer PAUL CANDJON
Title of Officer PRESIDENT



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. **72776** 2. Name of Corporation **RESERVOIR AVENUE AUTO SERVICE, INC.**
3. Street Address Principal Business Office **271 Reservoir Avenue** City **Providence** State **RI** Zip **02907**
4. Business Phone No. **(401) 941-6560** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island
auto repair and any and all lawful business

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

President Name Paul Candjon	Vice President Name Louise Candjon
Street Address 986 Main Street	Street Address 986 Main Street <i>AVE</i>
City Warwick State RI Zip 02886	City Warwick State RI Zip 02886
Secretary Name Louise Candjon	Treasurer Name Paul Candjon
Street Address 986 Main Street	Street Address 986 Main Street <i>AVE</i>
City Warwick State RI Zip 02886	City Warwick State RI Zip 02886

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

Director Name Paul Candjon	Director Name
Street Address (same as above)	Street Address
City Warwick State RI Zip 02886	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
	500 SHS	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	COMMON	NONE

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



File Date: 5-19-99
Check No.: 2611
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.
Date: 5/17/99
Signature of Officer: *Paul Candjon*
Date: _____
PAUL CANDJON
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. **72776** 2. Name of Corporation **RESERVOIR AVENUE AUTO SERVICE, INC.**
3. Street Address Principal Business Office **271 Reservoir Avenue** City **Providence** State **RI** Zip **02907**
4. Business Phone No. **(401) 941-6560** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island
auto repair and any and all lawful business

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

President Name Paul Candjon Street Address 986 Main Street City Warwick State RI Zip 02886 Secretary Name Peter Candjon Street Address 986 Main Street City Warwick State RI Zip 02886	Vice President Name Peter Candjon Street Address 986 Main Street City Warwick State RI Zip 02886 Treasurer Name Paul Candjon Street Address 986 Main Street City Warwick State RI Zip 02886
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9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name Paul Candjon Street Address 986 Main Street City Warwick State RI Zip 02886	Director Name Peter Candjon Street Address 986 Main Street City Warwick State RI Zip 02886
--	---

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	500 SHS	NO PAR VALUE	

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	200	COMMON	NONE

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



File Date: 1/14/98
Check No: 1872
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: 1/14/98
Print or Type Name of Officer: Paul Candjon
Title of Officer: President



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. **72776** 2. Name of Corporation **RESERVOIR AVENUE AUTO SERVICE, INC.**
3. Street Address Principal Business Office **271 Reservoir Avenue** City **Providence** State **RI** Zip **02907**
4. Business Phone No. **(401) 941-6560** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island
auto repair and any and all lawful business

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

President Name Paul Candjon Street Address 986 Main Street City Warwick State RI Zip 02886 Secretary Name Peter Candjon Street Address 986 Main Street City Warwick State RI Zip 02886	Vice President Name Peter Candjon Street Address 986 Main Street City Warwick State RI Zip 02886 Treasurer Name Paul Candjon Street Address 986 Main Street City Warwick State RI Zip 02886
---	--

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

Director Name Paul Candjon Street Address 986 Main Street City Warwick State RI Zip 02886	Director Name Peter Candjon Street Address 986 Main Street City Warwick State RI Zip 02886
--	---

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
500 SHS NO PAR VALUE			200	COMMON	NONE

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



File Date: 6/23/97
Check No: 1569
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: 6-19-97
PAUL G. CANDJON
Print or Type Name of Officer
PRESIDENT
Title of Officer

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. 72776		2. NAME OF CORPORATION RESERVOIR AVENUE.AUTO SERVICE, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 271 Reservoir Avenue		CITY Providence	STATE RI
4. BUSINESS PHONE NO. (401) 941-6560		5. STATE OF INCORPORATION RHODE ISLAND	ZIP CODE 02907
6. SAC CODE 8953			
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND auto repair and any and all lawful business			

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Paul Candjon			VICE PRESIDENT NAME Peter Candjon		
STREET ADDRESS 986 Main Street			STREET ADDRESS 986 Main Street		
CITY Warwick	STATE RI	ZIP CODE 02886	CITY Warwick	STATE RI	ZIP CODE 02886
SECRETARY NAME Peter Candjon			TREASURER NAME Paul Candjon		
STREET ADDRESS 986 Main Street			STREET ADDRESS 986 Main Street		
CITY Warwick	STATE RI	ZIP CODE 02886	CITY Warwick	STATE RI	ZIP CODE 02886

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Paul Candjon			DIRECTOR NAME Peter Candjon		
STREET ADDRESS 986 Main Street			STREET ADDRESS 986 Main Street		
CITY Warwick	STATE RI	ZIP CODE 02886	CITY Warwick	STATE RI	ZIP CODE 02886
DIRECTOR NAME			DIRECTOR NAME		
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
500 SHS	NO PAR VALUE		200		

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: 3/18/96
Check No: 849
By: [Signature]

[Signature]
Signature of Officer

Paul B Candjon
Print or Type Name of Officer

Vice President/Secretary

Title of Officer

Date

For Secretary of State Use Only

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

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.

0072776

1995

Corporate ID:

Annual Report for the year:

RESERVOIR AVENUE AUTO SERVICE, INC.

Name of Corporation:

Business entity organized under the laws of the State of: RI

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

271 Reservoir Avenue
 Providence, RI

Brief statement of the character of business conducted in Rhode Island:

Phone: ()

auto repair and any and all lawful business

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Lawrence N. Altman, Esquire
 600 Reservoir Avenue
 Cranston, Rhode Island 02910

Phone: (401) 941-0101

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT	Paul Candjon 986 Main Street	Warwick, RI	02886
VICE PRESIDENT	Peter Candjon 986 Main Street	Warwick, RI	02886
SECRETARY	Peter Candjon 986 Main Street	Warwick, RI	02886
TREASURER	Paul Candjon 986 Main Street	Warwick, RI	02886

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Paul Candjon	986 Main Street	Warwick, RI	02886
Peter Candjon	986 Main Street	Warwick, RI	02886

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

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

Number of Shares: 500
 Class / Series: common

Number of Shares: 200
 Class / Series: common

Date: 5/31/95

By: Peter Candjon

PRINT OR TYPE NAME OF OFFICER SIGNING: Vice President/Secretary

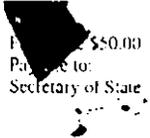
Form 31 1/95

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.

LAWRENCE N. ALTMAN
 600 RESERVOIR AVENUE
 CRANSTON RI 02910

PAID
 MAY 04 1995
 TP 392



PLEASE TYPE OR PRINT
 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

1260
 \$56 7/3

File Annually
 LLC Sept 1 - Nov 1
 CORP Jan 1 - March 1

Corporate ID 0072776 Annual Report for the year 1994

Name of Business Entity RESERVOIR AVENUE AUTO SERVICE, INC.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office

Phone [REDACTED]

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

271 Reservoir Avenue
Providence, RI

Phone: 401-941-6560

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Lawrence N. Altman, Esquire
600 Reservoir Avenue
Cranston, RI 02910

Brief statement of the character of business conducted in Rhode Island:

auto repair and any and all other
lawful business

Date of Organization May 28, 1993 - 6/2/93^{RC}

Date of Qualification to do business in Rhode Island (of foreign entity):

THE NAMES OF THE OFFICERS ARE:

<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Paul Candjon	986 Main Street	Warwick RI	02886
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Peter Candjon	986 Main Street	Warwick RI	02886
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Peter Candjon	986 Main Street	Warwick RI	02886
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)	STREET ADDRESS	CITY/STATE	ZIP CODE
Paul Candjon	986 Main Street	Warwick RI	02886

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Paul Candjon	986 Main Street	Warwick RI	02886
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Peter Candjon	986 Main Street	Warwick RI	02886
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	500	NUMBER	
CLASS	common	CLASS	
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	no par value	PAR VALUE OR WITHOUT PAR	

Date 4/21 1994 By _____

Paul Candjon
 PRINT OR TYPE NAME OF OFFICER SIGNING
Treasurer Paul Candjon
 TITLE OF OFFICER SIGNING

Form 21 1994
 DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

LAWRENCE N. ALTMAN
 600 RESERVOIR AVENUE
 CRANSTON RI 02910

FILED
 MAY 20 1994
 By _____