

### STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Marti Street Providence RI 02003-1335 401-222 3040

- (20 1) - 12/03

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. 2. Name of Corporation 46177 East Coast Collision & Restoration, Inc. 3 Street Address Principal Bioiness Office State 1310 JEFFERSON BLUD WARWICK 02886 4. Busmess Phone No 5 State of Incorporation 5 SiC Code RHODE ISLAND 8953 B. CAUTOMOTIVE REPAIRS, GENERAL AND SPECIALIZED 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ ] FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name TU SEPH ACN ATO Street Address Street Address State Secretary Name ℷℾԵՏℰ₽ℍ Street Address Street Address Cur Z;p9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name JUSEPH Street Address Street Address C::: State *2.*:p Director Name St eet Address Street Address City State  $Z_{ip}$ State **2**:p 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Sencs Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE NO PAR 160 COMMON 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 File Date

FOR SECRETARY OF STATE USE ONLY

JOSEPH



FOR SECRETARY OF STATE USE ONLY

### 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 Rl 02903-1335 401 222 3040

Filing Period: January 1 - (FORM MUST BE TYPED OR PR		•			
L. Corporate ID No.	2 Name of Corporation				
46177 3 Street Address Principal Busine.	East Coast C	ollision & Restoration, li	nc.	State	Zip
1310 JEFFERS	ON BLUD		WAR LIK	RI	07886
4 Business Floric No. S. State of Incorporation 401 - 739 - 771/  RHODE ISLAND					6 SIC Code <b>8953</b>
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President Name		( 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Vice President Name		
JOSEPH DUNA	70			<del></del>	
yra New Lovo	LU AVE		Street Address		
Street Address 352 NEW LOND CON. WEST WARWICK.	State R	03893	Çiqi	State	$Z\psi$
Secretary Name		· · · · · · · · · · · · · · · · · · ·	Treasurer Name		
JOSEPH DONA	- <i>T</i> U	<del></del> .	Street Address		
252 NEW LONDE.	L ALK		mee man g		
DSD NEW LONDER WEST WARWICK	State	zφ 03853	City	State	Zφ
9. NAMES AND ADDRESS			: I <i>TTACHMENT</i> ) [ <sup>-</sup> ] FILL:	 IN SPACES BEFORE USING	 G ATTACHMENTS
Director Name			Director Name		
JOSEPH DONA	70		Street Address		<del></del>
Our Lows	ON AUE		30,661,1010,632		
CUY WEST WARWICK	State P1	2p ·	Ciή.	State	Zip
Director Name			Director Name		···· <b>·</b> ·········
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City	State	Lip	City	State	Zφ
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70.		<u> </u>			
This report must b	e signed in ink by	either the President, Vici	President, Secretary, Assist	ant Secretary, Treasurer, R	eceiver or Trustee
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<u> </u>				crjury, I declare and affirm tha	
<u>*</u>	4 6 1 / /	*	contained herein al	mpanying schedules and states true and correct.	ments, and that all states
File Date	. <u></u>	)_	Sound	1 drots	4/20/04
Check No.	ا همــ	601	Signature of Officer	N 400	Date
	232	[1] [30]	JOSEPH	DONATO	
BIC TO VICE			Print or Type Name	of Officer	

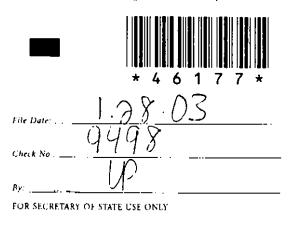
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BUACK) 1. Corporate ID No. 46177 East Coast Collision & Restoration, Inc. 3. Street Address Principal Business Office 1310 4. Business Phone No. 6 SIC Code 5 State of Incorporation 401-739-7711 8953 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island AUTO BODY REPAIR AND 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name JOSEPH Street Address NEW LUNDON TURNPIKE State Zip WEST Secretary Name JUSEPH DONATO Street Address Street Address City State 02893 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name JひSEY!# DONATO Street Address Street Address AUE 60~300 Zip 02293 Director Name Director Name Street Address Street Address City State State Zip10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ACTHORIZED SHARES (SCHED) SHARES Number of Shares Class/Series Par Value Number of Shares Par Value 1,000 NO PAR VALUE NOPAR 100

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

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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 JANATO Hile of Officer Term 630 12:02



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

10. SHARES AUTHOF	RIZED (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (C	"X" BOX FOR ATTACHMENT)	
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street Address			Street Address		
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26)	State	Zip	City	State	10/10
JOSEPH L Street Address 202 - WELL	DONATO LONDON AU State R	·-	Street Address		
Director Name		CTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACE Director Name	ES BEFORE USING ATTA	CHMENTS (S
Odv	State	Zip	City:	State	Zip
Street Address			Street Address		
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ony WEST WARWIL	K RI	02893	c.ny	State	71p
		A∪e	City	Sauta	7.2
	LONDON	•	Street Address		
President Name JoSEPH [	)		Vice President Name		
•		RESTURATION CERS ("X" BOX FOR ATTA		BEFORE USING ATTACE	IMENTS
7. Brief Description of the Ch	aracter of Business Conducted in	r Rhode Island			3 / = 3
4. Business Phone No. - 401 - 939 - 9	211	5 State of Incorporation  RHODE	ISLAND		6 SIC Code 8953
	FERSON BL			RI	07886
- 46177 3. Street Address Principal Bu	EAST Co siness Office	AST COLLISIO	WARWICK	State	Ziv
1 Corporate ID No.	2. Name of Corporal	ian -	. A		
FORM MUST BE TYPED 1. 1. Capacite ID No.					

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
را المارية المارية المارية الم	this report, including any accompanying schedules and statements, and that all statements—contained herein are true and correct.
JAN 2 9 2002	Signate of Officer Dute Dute
ByCop 2803~	TOSEPH DONATO Print or type Name of Officer
OR SECRETARY OF STATE USE ONLY	PRESIDENT
	Bille of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-132-401-277-3047

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 · Filing Fee: \$50.00

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'FORM MUST BE TYPED	IN BLACK)				
1. Corporate ID No.	2. Name of Corpora	tion		•	
46177 3 Street Address Principal E		Collision & Restor	ration, inc.	State	Zip
1310 JE 4. Business Phone No.	FFERSON B	上し〕 5. State of Incorporal	in ARLICK	RI	02886 6. SIC COde
461-739-73 Brief Description of the C AUTO BOD	7(1 haracter of Business Conducted Y REPAIR	n RHODE ISL AND REST	AND 5RATTON		8953
	DRESSES OF THE OFF	ICERS ("X" BOX FOR AT	TACHMENT)		
President Name  JoSEPH	<b>7</b>		Vice President Name		
Street Address	DONATE C		Street Address		
352 NEW	LONDON A	.) <i>⊑</i>			
Cini	State	Zip	Cirv	State	Zip
WEST WARWICK Secretary Name	DONATO LONDON A. State RI	07873	Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zio
9. NAMES AND AD	DRESSES OF THE DIR	ECTORS ("X" BOX FOR			
JOSEPH	000 AT0		Director Name		
Street Address	30% A 7 0		Street Address		
252 NEW	LONDON	2 روس			
City	LONDON, State R1	Zip	City	State	Zip
WEST WARWIC Director Name	-K R/	02893	Director Name		
Street Audress			Street Address		
Ciri	State	Zip	City	State	Zip
	RIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*x	" BOX FOR ATTACHMENT)	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Eile Date:	JAN 2 2 2000
Check No.	JAN 22 2002 CC# 43 
FOR SECR	SETARY OF STATE USE ONLY

Under penalty of perjury, I deciare 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

Print or Type Name of Officer

PRESIDENT

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

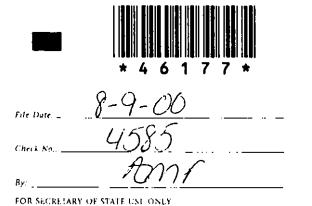
(FORM	MUST	RF	TYPED	tM	AI :	100
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L. Corporate ID No. 46177

2 Name of Corporation East Coast Collision & Restoration, Inc.

3. Street Address Principal Business 1310 JEFFERS	Office ALRIVD		WARW ICK	State R 1	Zip 0.25 X /
1 Business Phone No.	10 0000	6 Fints of Income			4 90 00 0
401739 771	11	5. State of Incorpora RHODE ISL.			6 SIC Code <b>8953</b>
2 Part Day to a line of the city of the		in Rhode Island	, ,		
AUTOMOTIVE K	EPAIRS.	General t	-specialized		
8. NAMES AND ADDRESS	ses of the of	FICERS ("X" BOX FOR A	(TACHMENT) FILL IN SPACES BI	EFORE USING ATTACH	MENTS
President Name  TOSEPH DA	NIATA		Vice President Same		
Street Address	,0,,,0		Street Address		
JOSEPH DO Street Address 1310 JEF	FERSUN	BLUD			
CON WARWILK	State	Zip	City	State	Zip
WHENTER	RI	0 } &			
Secretary Name			Treasurer Name		
Street Address			Street Address		
Сиу	State	Zìp	City	State	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIF	RECTORS (*x* box for	ATTACHMENT) FILL IN SPACES Director Name	BEFORE USING ATTAC	HMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip.
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZES AUTHORIZED SHARES	D (*X* BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X	* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR	VAL		100	Commun	No pai

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. Supature of Office DINATO Print or Type Name of Officer 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 1999



Filing Period: Januar	ry 1-March 1 •	Filing Fee: \$50.00		,	INSTRUCTION
(FORM MUST BE TYPED IN B					
1. Corporate ID No.	2. Name of Corporat		0	,	
3. Street Address Principal Busine	EASICOA.	ST COLLISION +	ITESTORATION	IN C State	Zip
1310 JEFFER 4 Business Phone No.	250N BL	ST COLLISION &  UD  5. State of Incorporation	WARWICK	RI	0 2886 6. SIC Code
401-739- 7 Brief Description of the Charac	ter of Business Conducted in				
•		RESTORATION CERS (*X* BOX FOR ATTACH			
President Name			Vice President Nume		
JOSEPH D Street Address 1310 JEFFZ City WARWILK	0NA10 5RSW BL	VP	Street Address		
City	State	710	City	State	Zip
WARWILK	R	02886			
Secretary Name			Treasurer Name		
JOSEPH Z	30 NO A 7 0		Street Address		
1310 DEFFER	SON BLU	D.	Jireri Audress		
WARWICK	State R1	02886	City	State	Zıp
	ESSES OF THE DIRE	ECTORS (*X* BOX FOR ATTA			
Director Name  JOSEPH Do	NATO		Director Name		
Street Address	0.		Street Address		
1310 JEFFE CID WARWICK	TRSON BLI	<i>ھز</i> 	City	State	Ζιρ
L. APULIE IC	R /	02886	City	Siute	2-14
Director Name	7 . 1	0 880 6	Director Kame		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ AUTHORIZED SHARES	ED (*x* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Volue	Number of Shares	Class/Series	Par Value
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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
4.22 00	that all statements contained herein are true and correct.
File Date.	Truck 1 grato 8-2099
Check No.:	Stemulie of Officer Date
(LD)	Print or Type Name of Vilicer
Ву	President
FOR SECRETARY OF STATE USE ONLY	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



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2 Name of Corporation 46177
3. Street Address Principal Business Office

East Coast Collision & Restoration, Inc. WARWICK 02886 1316 JEFFERSON 4. Business Phone No. 5. State of Incorporation 6. SIG Code 401-739-7711 7. Brief Description of the Character of Business Conducted in Rhode Island 8953 AUTO BODY REPAIR And RESTORATION 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name Joseph DONATO Street Address Street Address LONDON 02893 WEST WARWICK Secretary Name Treasurer Name Street Address Street Address City Zio City State State 210 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name JOSEPH DONATO Street Address Street Address 252 LONDON City State Zip WEST WARWIL Director Name Director Name Street Address Street Address City State Zip Zip10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value Common NO PAR VAL 100 SHARES 1,000 SHS NO PAR VAL

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

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	Under penalty of perjury, I declare and affirm that I have examined
* 4 6 1 7 7 * 7 ^ (7C)	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
File Date:	Frank 3-
Check Na : 4108	Significant of Officer Date
ND	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	+ resident
	Title of Officer



(FORM MUST BE TYPED IN BLACK)

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

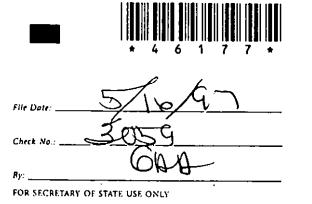
1. Corporate ID No. 46177 Name of Corporation East Coast Collision & Restoration, Inc. 3. Street Address Principal Business Office WARWICK BLUD JEFFER SUN 4. Business Phone No. 8953 401-735-7711 7. Brief Description of the Character of Business Conducted in Rhode Island AUTO BUDY SHOP 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name JOSEPH DUNATO Street Address Street Address State Zip Secretary Name Treasurer Name Street Address Street Address City State City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) Director Name Street Address Street Address NEW LUNDON City Zip LEST WARRICK Director Nume Director Name Street Address Street Address City State ZΙρ City State Zip 10. SHARES AUTHORIZED AND ISSUED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUEED SHARES 4 Number of Shares

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

Number of Shares

100 SHARES

Title of Officer



Class/Series

1,000 SHS NO PAR VAL

Par Value

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. DONATO

CERMON

Par Value

### PROFIT CORPORATON ANNUAL REPORT

Filing Period: January 1-March 1

1996



#### State of Rhode Island and Providence Plat lations James R. Langevin, Secretary of State

Corporations Division
190 North M.:In Street
Providence, Rhode Island 029(13-1335 • (401) 271-3040

Filing Fee: \$50.00 PLEASE TYPE OR PRINT IN BLACK INK. 1 CORPORATE ID NO 2 NAME OF CORPORATION COLLISION + RESTRORATION EAST COAST 0046177 3 STREET ACORESS PRINCIPAL BUSINESS OFFICE STATE ZIP CODE 1310 JEFFERSON R 1 02886 WARWICK 4 FUS YESS PHONE NO 5 STATE OF INCORPORATION e. SIC CG⊕E 401 739.7711 8953 7. 87 EF DESCRIPT ON OF THE CHARACTER OF BUSINESS CONDUCTED IN RECOE ISLAND BODY REPAIR ADDRESSES OF THE OFFICERS PRESIDENT NAME VICE PRESIDENT NAME JOSEPH DONATO STATET ADDRESS STREET ADDRESS BLUD 1310 JEFFERSON ZIP CODE STATE ZIC CO. E WARWICK RI 02886 SECRETARY NAME TREASURER NAME STREET ADDRESS STREET ADDRESS CITY STATE ZIP CODE CITY STA'F ZIP CODE ADDRESSES 0 F DIRECTORS DIRECTOR NAVE DIRECTOR NAME JOSEPH STREET ADDRESS STREET ADDRESS ZIP CODE STATE ZIP COLF クコピタヨ DIRECTOR NAME DIRECTOR MANE STREET ADDRESS STREET ADDRESS C:11 STATE Z P COCE CHTY STATE ZIP CCOE SHARES AUTHORIZED AUTHORIZED SHARES ISSUED SHARES NUMBER OF SHARES CLASS / SERIES NUMBER OF SHAPES CLASS / SER ES NO PAR CIMMON 206 2000 COMMON

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 8 | 19 | 96

Check No: 3-89

By: 6 Secretary of State Use Only

Under penelty 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

JOSEPH DONATO

Print or Type Name of Officer

PRESIDENT

Title of Officer

PORV 31 13 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

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: _0046177	Annual Report for the year:
	·
Name of Corporation: EAS/ LOBS/ LOUIS/	ON + ROSTORBTION, INC
Business entity organized under the laws of the State of:	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)
	Brief statement of the character of business conducted in Rhode Island:
Phone: ()	Brief statement of the character of distress conducted in which is and
Address and telephone of the principal office of business entity in Rhode	
Island (Provide street address - Not P.O. Box):	
1310 Jesse CSON Blub	
WARWICK, KIN OSBER	
······································	
Phone: (401) 737-///	
THE NAMES (	OF THE OFFICERS ARE:
	REET ADDRESS CITY/STATE ZIP CODE
DSEPH (INNAK) 1310	REFERSON BluD WRYWICK R.T. O2816
VICE PRESIDENT STR	REET ADDRESS CITY/STATE ZIP CODE
0.000	REEDADDRESS CITY/STATE ZIP CODE
SECRETARY STE	
TREASURER /3/OVNI O /3/O	RESTADDRESS CITY STATE ZIP CODE
	<del></del>
THE NAMES O	OF THE DIRECTORS ARE:
	REET ADDRESS CITYSTATE . ZIP CODE
JOSEPH NOVATO 1310	JEHERSON BIVD WARLING, E.T. 02886
NAME STR	REET ADDRESS CITY/STATE 71P CODE
NAME STR	REET ADDRESS CITYSTATE ZIP CODE
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NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
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Date	" Local Dorate thes
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	INT OR THE NAME OF OFFICER SIGNING SOSEP & DONATO Press.
Form 31 1/95 III	TE OF OFFICER SIGNING PRES
DESIGNATED REGISTERE	DACENT FOR SERVICE OF PROCESS: 770 ( e.Q.) * ) enatho

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

1995 ML 201995

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## State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence. Rhode Island 02903-1335

ANNUAL REPORT

Please Type or Print File Annually – Jan. 1 - March 1

Filing Fee \$50.00 Filing Fee \$50.00 ake Checks Payable to: Secretary of State

401-277-3040	Make Unecks Payable to: Secretary of State
ALL ENTRIES MUST BE COMPLETED IN FULL OR THE I	FORM WILL BE RETURNED.
Corporate ID: 00 46177	Annual Report for the year:
Name of Corporation: EAST CORST COLLISION-	+ RESTORATION FINC
Business entity organized under the laws of the State of:	Business Entity is (check one):
For foreign entity, address and telephone number of principal office:	<ul> <li>Business Corporation (See RIGL Chapter 7-1.1)</li> <li>Professional Service Corporation (See RIGL Chapter 7-5.1)</li> </ul>
Thone: (49-)-2039 72W	Brief statement of the character of business conducted in Rhode Island:  Auto Body SHO P
Address and telephone of the principal office of business entity in Rhode	<u> </u>
sland (Provide street address - Not P.O. Box):  1310 PERON BIVO	
WARWICK, R. J. 028 &b	
Phone: (401) 7.39 27/1	
THE NAMES OF THE RESIDENT STREET ADD	
JOSEPH DO NATO 13/0	TOFFORSON B/VDWRKWICK RT. 02886 CHYISTATE ZIPCODE
STREET ADD  STREET	RESS CITY/STATE ZIPCODE
REASURER STREET ADD	RESS CITYSTATE ZIPCODE
THE NAMES OF TH	E DIRECTORS ARE:
STREET ADD	
JOSEPH JONA 10 1310 JOSEPH STREET ADD	RESS CITYSTATE CARDON ZIPCODE
NAME STREET ADD	RESS 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
2000 NO PAR COMMON	200 No PAR Common
Date 7-21, 19.25 By:	oseph Tonato Pres.
MILLS (1) TO	DE NAME OF OUTCORD SIGNING
PRINT OR TY	PENAME OF OFFICER SIGNING 30 SEPH DONATO Pres

TITLE OF OFFICER SIGNING Pres.

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: () & Sep ). Drown for Service of the registered agent indicated below is incorrect, Form 9 must be filed.

Form 31 1/95

anwor registered agent indicated below is

1/28/95

1/28/95

Form 31 1/85

29347B

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

rporate ID	11.77	Annual Report for the	e year 1993
FIRST: The name of th	ne corporation isE	ast Coast Collis	ion & Restoration.
SECOND: It is incorpor	rated under the laws of $R$ . $ extstyle  ext$	-	
THIRD: Character of b	ousiness, briefly stated, is AUTO	BODY REPA	AR AND
		RA770N	
FOURTH: If foreign co	rporation, address of its principal	office	
FIFTH: Business addre	ss in Rhode Island /3/0	JEFFERSON B	3LUD
	WARWICA	e R1 0288	6
SIXTH: Names and add	dresses of its directors and officer		(Attach rider if necessary)
SEPH DONATO	Director		
	Director		
	Director		
SEPH DONATO	President		
	Vice President		
	•		
SEVENTH: Number of	Shares authorized:		Par Value or statement that
No. of Shares 2000	Class CommoN	Series	shares are without par value
		, 16 0 5 1992	NO PAR VALUE
_		7 10 <b>0</b> 5 1550	
EIGHTH: Number of S	hares issued:		Par Value or statement that
	Class	Series	shares are without par value
No of Shares 266	CIMMON		NO PAR VALUE

 $\{x_i\}_{i=1}^m$ 

Corporate ID 604		Annual Report for the	year 1992
FIRST: The name of the	e corporation is	Sast Coast Colli	sign.Kibastonetion.
SECOND: It is incorpora	ated under the laws of	RHODE ISLAND	
THIRD: Character of bu	usiness, briefly stated, is	S AUTO BODY REPAIR	
FOURTH: If foreign cor	poration, address of its	principal office	
Fifth: Business address	s in Rhode Island	62 ATWOOD AVE	······
	<i>J</i> D)	HNSTON R1 02919	
SIXTH: Names and add	resses of its directors a		(Attach rider if necessary)
JOSEPH DONATO	Director Director	1162 ATWOOD AVE JU	HUNSTON RI
	D' .		
DUSEPH DUNATO	President	1162 ATWOOD AVE	JUHNSTON P.
	Vice Presi	ident	
JOSEPH DUNATO	Secretary	1162 NTWOOD ALE J	BHNSTON RI
	Treasurer		
SEVENTH: Number of S	shares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series 50	par value
2000	Common	DEC - 2 1992	NO PARVALLE
Eіднтн: Number of Sh	ares issued:	SECTY OF STATE	Par Value or statement that
No of Shares	Class	Series	shares are without par value
906			NO PARVACUE
Dated //-6	1992	EAST CUASI COLLISION	, - RESTORATION IN C
		Ву	
(Report must be signed	d by an officer)	Title PRESIDENT	

4

Corporate ID 00461	77	Annual Report fo	r the year 1989
First: The name of	of the corporation is EAST of	COAST COLLISIO	N TRESTORATION INC
SECOND: It is inco	rporated under the laws of	HODE ISLAND	
THIRD: Character	of business, briefly stated, is	9UTO BODY RE	PAIR AND
		ELATED ACTIO	
FOURTH: If foreign	corporation, address of its princ	cipal office	······································
FIFTH: Business ad	dress in Rhode Island 1162	ATWOOD AUE	
	Zo thu S	TON R1 02919	- 4920
SIXTH: Names and	addresses of its directors and off		(Attach rider if necessary)
	Director		
	Director	••••••	
	Director		
JOSEPH DONATO	President	DS2 NEW LONDON	AVE W.WARWICK RI 03893
	Vice President		•
	Secretary		
	Treasurer		
Seventh: Number	of Shares authorized:	•••••••••••••••••••••••••••••••••••••••	Par Value
			or statement that shares are without
No of Shares	Class CommoN	Series	par value No PAR UALUE
,		facility of the	
Еіднтн: Number of Shares issued:		100	APR 09 1991 Par Value
No. of Shares	Class	Scries	or statement that shares are without
100	COMMON		par value  NO PAR VALUE
Dated MARC	H 29 1991 EA	ST COAST COLLIS	1010 - RESTORATION INC
	By	e of Corporation)	mals
(Report must be s	signed by an officer) Title	PRESIDENT	

Form 31 1/85

Corporate ID 00466	177	Annual Report for	the year
FIRST: The name	of the corporation is EAST	COAST COLLISIO	ON + RESTORATION INC
Second: It is inc	orporated under the laws of R	tode Island	
THIRD: Characte	r of business, briefly stated, isA	UTO BODY REPA	AIR AND
	RE	ZATED ACTIVITION	ē5
FOURTH: If foreig	gn corporation, address of its prin		
FIFTH: Business a	nddress in Rhode Island //6 2	ATWOOD AUE	
	J0H~:	570N R1 02919	'-4920
Sixth: Names an	nd addresses of its directors and o		(Attach rider if necessary)
	Director		
•••••••••••••••••••••••••••••••••••••••	Director		
	Director		
JOSEPH DONAT	President	252 NEW LONDON A	WE W.WARWICK RI 0289.
	Vice President	t	
•••••	Secretary		
	Treasurer		
SEVENTH: Number	er of Shares authorized:		Par Value or statement that shares are without
No of Shares	Class	Series	par value  NO PAR VALUE
1000	Common	media a mines. APR	09/1991
Eіднтн: Number	of Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100	Common		NO PAR VALUE
Dated	•••••••	EAST COAST COL	LISION TRESTORATION INC
(Report must b	e signed by an officer) Tit	10 PRESIDENT	

Form 31 1/85

Corporate ID	0046177	Annual Report for the year.	1991
First: 1	The name of the corporation is	East Coast Collision	& Restoration, Inc
SECOND:	It is incorporated under the laws	OF RHODE ISLAND	
		d, is AUTO BODY REPAIR A	ND
	· •	RELATED ACTIVITIES	
Fourth:	If foreign corporation, address o	f its principal office	
Fігтн: I	Business address in Rhode Island	1162 ÀTWOOD AUÉ	
		TO+INSTON RI 02919-492	١ ۵
Sіхтн: 1	Names and addresses of its directo	rs and officers:  Office Address (including number, stre	(Attach rider if necessary)
***************************************	Direct	or	
•••••••••••••••••••••••••••••••••••••••	Direct	or	
***************************************	Direct	tor	••••
JUSEPH Z	DONATO Presid	ent 252 NEW LONDON AVE W. C	NARWICK RIO7893
	Vice F	President	
	Secret	arv	
	Treası	·	
Seventh:			Par Value or statement that shares are without
No. of Shar	•	Series	par value
1000	Common		NOPARJACUE
Еіднтн:	Number of Shares issued:	APR 09	199 Par Value Statement that
No. of Shar	cs Class	Scries	shares are without par value
100	COMMON		NO PAR VALUE
Dated	MARCH 29 1991	EAST COAST COLLISION (Name of Corporation)  By (200) D. Composition	+ RESTORATION, INC
(Rep	port must be signed by an officer)	Title PRESIDENT	***************************************