



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
401.222.3040

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. 98778		2. Name of Corporation MOTORS EAST, INC.		
3. Street Address Principal Business Office 268 Mendon Rd.		City Cumberland	State RI	Zip 02864
4. Business Phone No. 401-728-2771		5. State of Incorporation RHODE ISLAND		6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island SALES AND SERVICE OF PREVIOUSLY OWNED CARS, VANS, TRUCKS AND MOTORCYCLES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Jose C. Costa		Vice President Name Jose C. Costa		
Street Address 137 Hines Rd.		Street Address 137 Hines Rd.		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
Secretary Name Jose C. Costa		Treasurer Name Jose C. Costa		
Street Address 137 Hines Rd.		Street Address 137 Hines Rd.		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Jose C. Costa		Director Name		
Street Address 137 Hines Rd.		Street Address		
City Cumberland	State RI	Zip 02864	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
100 NO PAR VALUE			100	COMMON
				NO PAR VALUE

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



File Date	1/5/05
Check No.	3922
By:	W.
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer	<u>Jose C. Costa</u>	Date	<u>1-3-05</u>
Print or Type Name of Officer	<u>Jose C. Costa</u>		
Title of Officer	<u>President</u>		



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
401.222.3040

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. 98778		2. Name of Corporation MOTORS EAST, INC.			
3. Street Address Principal Business Office 268 Menden Rd		City Cumberland	State RI		
4. Business Phone No. 401-728-2771		5. State of Incorporation RHODE ISLAND	6. SIC Code 0		
7. Brief Description of the Character of Business Conducted in Rhode Island SALES AND SERVICE OF PREVIOUSLY OWNED CARS, VANS, TRUCKS AND MOTORCYCLES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jose C. Costa		Vice President Name Jose C. Costa			
Street Address 137 Hives Rd.		Street Address Same			
City Cumberland	State RI	City Cumberland	State RI		
Zip 02864		Zip 02864			
Secretary Name Jose C. Costa		Treasurer Name Jose C. Costa			
Street Address Same		Street Address Same			
City Cumberland	State RI	City Cumberland	State RI		
Zip 02864		Zip 02864			
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jose C. Costa		Director Name Jose C. Costa			
Street Address 137 Hives Rd.		Street Address Same			
City Cumberland	State RI	City Cumberland	State RI		
Zip 02864		Zip 02864			
Director Name Jose C. Costa		Director Name Jose C. Costa			
Street Address Same		Street Address Same			
City Cumberland	State RI	City Cumberland	State RI		
Zip 02864		Zip 02864			
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
100 NO PAR VALUE			100	Common	No Par Value

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



* 9 8 7 7 8 *

File Date **1-5-04**

Check No. **3460**

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

Jose C. Costa

Print or Type Name of Officer

President

Title of Officer

Date

1-2-04



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 OR PRINTED IN BLACK)

1. Corporate ID No.

98778

2. Name of Corporation

MOTORS EAST, INC.

3. Street Address Principal Business Office

268 Mendon Road

City

Cumberland

State

R.I.

Zip

02864

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

Sales and service of previously owned cars, vans, trucks and motorcycles

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

President Name

Jose Costa

Street Address

268 Mendon Rd.

City

Cumberland R.I.

Zip

02864

Vice President Name

Street Address

City

State

Zip

Secretary Name

Street Address

City

State

Zip

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

Jose Costa

Street Address

268 Mendon Rd.

City

Cumberland R.I. 02864

Zip

02864

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

100 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

NPV

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



* 9 8 7 7 8 *

File Date: 1.31.03

Check No.: 2934

By: UP

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: Jose C. Costa Date:

Print or Type Name of Officer

Title of Officer

5

Form 630 12/02



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.

98778

2. Name of Corporation

MOTORS EAST, INC.

3. Street Address Principal Business Office

268 Mendon Road

City

Cumberland

State

R.I.

Zip

02864

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

Sales and service of previously owned cars, vans, trucks & motorcycles

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

President Name

Jose Costa

Vice President Name

Street Address

268 Mendon Rd.

Street Address

City

Cumberland

State

R.I.

Zip

02864

City

State

Zip

Secretary Name

Treasurer Name

Street Address

Street Address

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

Jose Costa

Director Name

Street Address

268 Mendon Rd.

Street Address

City

Cumberland

State

R.I.

Zip

02864

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

100 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

NPV

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



* 9 8 7 7 8 *

File Date: 2-19-02

Check No.: 2470

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.

Jose C. Costa 2-12-02
Signature of Officer Date

Jose C. Costa
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. <u>98778</u>		2. Name of Corporation <u>Motors EAST Inc.</u>			
3. Street Address Principal Business Office <u>268 Mendon Rd.</u>			City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
4. Business Phone No. <u>401-728-2771</u>		5. State of Incorporation <u>RI</u>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Sales of used Cars Trucks Motorcycles</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Jose C. Costa</u>			Vice President Name		
Street Address <u>137 Hines Rd.</u>			Street Address		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Jose C. Costa</u>			Director Name		
Street Address <u>137 Hines Rd.</u>			Street Address		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	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 <u>100</u>			ISSUED SHARES		
Number of Shares	Class/Series	Par Value <u>D</u>	Number of Shares	Class/Series	Par Value
			<u>0</u>	<u>0</u>	<u>0</u>

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 Jose C. Costa Date 8/2/01
Print or Type Name of Officer Jose C. Costa
Title of Officer President

FILED 10. 14 06 01 3 00
File Date: AUG 02 2001
Check No.: By 001163 269077
By: 269077
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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-133
401-222-3046

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. 98778		2. Name of Corporation MOTOR EIST Inc.			
3. Street Address Principal Business Office 268 Menard Rd		City Cumberland		State RI	Zip 02864
4. Business Phone No. 401-728-2771		5. State of Incorporation RI			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Sales of used Cars Trucks Motorcycles					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jose C. Costa			Vice President Name		
Street Address 137 Hinos Rd.			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jose C. Costa			Director Name		
Street Address 137 Hinos Rd.			Street Address		
City Cumberland	State RI	Zip 02864	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 100			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
		0	0	0	0

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

FILED

File Date: _____

AUG 02 2001

Check No.: _____

By: 469077

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
Jose C. Costa

Date

Print or Type Name of Officer

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 **1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

98778

MOTORS EAST, INC.

3. Street Address Principal Business Office

City

State

Zip

Pawtucket

RI

02860

4. Business Phone No.

5. State of Incorporation

6. SIC Code

65 East Avenue

401-728-2771

RHODE ISLAND

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

Sale of Used Automobiles/Trucks

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

President Name

Vice President Name

Jose Costa

Jose Costa

Street Address

Street Address

137 Hines Road

Same

City

State

Zip

City

State

Zip

Cumberland

RI

02864

Secretary Name

Treasurer Name

Jose Costa

Jose Costa

Street Address

Street Address

Same

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

Director Name

Jose Costa

Street Address

Street Address

See 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)

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

100 NO PAR VALUE

100

Common

NO Par Value

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



* 9 8 7 7 8 *

File Date: Jan 19, 99

Check No.: 1254

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.

Jose C. Costa 1-15-99
Signature of Officer Date

Jose Costa 1/15/99
Print or Type Name of Officer

President
Title of Officer