

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

Form 630 Rev. 12/03

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2005	
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Corporate ID No. 98778	2. Name of Corpore MOTORS EA				
Street Address Principal Business			Cum Reeland	State RI.	07864
Business Phone No.		5. State of Incorporation			6. SIC Code
401-728-277	<u></u>	RHODE ISLAND)	<u> </u>	<u> </u>
Brief Description of the Characte SALES AND SERVICE	r of Business Conducted OF PREVIOUSLY (l in Rhode Island DWNED CARS, VANS, TRI	JCKS AND MOTORCYCLES.		
. NAMES AND ADDRESSE	S OF THE OFFICE	ERS: ("X" ROX FOR AT	TACHMENT)	CES BEFORE USING AT	TACHMENTS
resident Name	.5 01 1112 011101	(2031 1041111	Vice President Name		
Jose C	Costa		Jose C. Co	sta	
reet Address	0 /		Street Address	/	
137 HINES	Hd.		137 Itimos Ka	State:	7/6
DMBerlond ecretary Name	State	O7864	Cum Bealand	State R I	02864
Toce C.	O.sta		Tase O Ca	sta	
treet Address			Street Address	<u> </u>	
137 HINES K	٠ .		137 HINOS KO	√.	
PumBealins	State	Zip 02864	Combentons	State RI	02864
. NAMES AND ADDRESSE	ES OF THE DIREC	TORS: ("X" BOX FOR A		PACES BEFORE USING	ATTACHMENTS
Director Name	12.5		Director Name		
roet Address ;	(105/2	<u> </u>	Street Address	<u></u>	<u> </u>
137 HINES	< Kd.				
Cumberland	State R.D	02864	City	State	Zip
Director Name	••••••		Director Name		
treet Address			Street Address	*	
Gity	State	Zip	City	State	Zip
	Ì	_			
0. SHARES AUTHORIZEI) ("X" BOX FOR .	ATTACHMENT)	11. SHARES ISSUED ("X	" BOX FOR ATTACHMI	ENT)
		Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
UTHORIZED SHARES	Class/Sarias		THE TOP OF STATES	G1110G G01100	
UTHORIZED SHARES Number of Shares	Class/Series	Tur vinac			2 11
UTHORIZED SHARES	Class/Series	THE VIIIL	100	COMMON	No PAR VALUE
OUTHORIZED SHARES Number of Shares 100 NO PAR VALUE					
NUTHORIZED SHARES Number of Shares 100 NO PAR VALUE			/00 e President, Secretary, Assistant		
OUTHORIZED SHARES Number of Shares 100 NO PAR VALUE					
OUTHORIZED SHARES Number of Shares 100 NO PAR VALUE					
UTHORIZED SHARES Number of Shares 100 NO PAR VALUE			e President, Secretary, Assistant	Secretary, Treasurer, Re	ceiver or Trustee
UTHORIZED SHARES Number of Shares 100 NO PAR VALUE			e President, Secretary, Assistant Under penalty of perjur	Secretary, Treasurer, Re	ceiver or Trustee
UTHORIZED SHARES Tumber of Shares 100 NO PAR VALUE			e President, Secretary, Assistant Under penalty of perjur	Secretary, Treasurer, Re y, I declare and affirm that nying schedules and statem	ceiver or Trustee
This report must b			e President, Secretary, Assistant Under penalty of perjur including any accompa	Secretary, Treasurer, Re y, I declare and affirm that nying schedules and statem	ceiver or Trustee
This report must b			e President, Secretary, Assistant Under penalty of perjur including any accompa	Secretary, Treasurer, Re y, I declare and affirm that nying schedules and statem	ceiver or Trustee
OUTHORIZED SHARES Number of Shares 100 NO PAR VALUE			Under penalty of perjur including any accompacton transfer in the contribution of the	Secretary, Treasurer, Re y, I declare and affirm that nying schedules and statem	thave examined this repents, and that all statements.
This report must b			Under penalty of perjur including any accompacton transfer in the contribution of the	Secretary, Treasurer, Revenue of the secretary, Treasurer, Revenue of the secretary, Treasurer, Revenue of the secretary of t	thave examined this repents, and that all statements.



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

FROFII CORPO Filing Period: January 1 - M FORM MUST BE TYPED OR PRI	March 1 • Fili	NUAL REPOR' ing Fee: \$50.00	I FOR THE YEAR	R2004	
1. Corporate ID No.			·		
98778	2. Name of Corporati				
3. Street Address Principal Business	MOTORS EA	SI, INC.	City	State	Zip
268 Mondon F	?"[Comberland	RT	02864
4. Business Phone No.	<i>i</i>	5. State of Incorporation	T COM COUNTY OF		6. SIC Code
401-728-27	7/	RHODE ISLAND	1		
7. Brief Description of the Character	of Business Conducted i	n Rhode Island			
			ICKS AND MOTORCYCLES.		
3. NAMES AND ADDRESSES President Name	S OF THE OFFICER	S: ("X" BOX FOR ATT	. —	PACES BEFORE USING	ATTACHMENTS
	osta		Vice President Name	$_{2}$ $_{1}$	
Street Address	0215		Street Address	6760	
	Rd.		Some		
City	State	Zip	: City	State	Zip
umberland	RI	02864			
Secretary Name	_ 1	*******************************	Treasurer Name		
Jose C	Costa		Jose C. Cist	ta	<u> </u>
Street Address			Street Address		
Some			SAMP		
City	State	Zip	City	State	Zip
O. NAMES AND ADDRESSES	OF THE DIRECTO	 DRS:	: TACHMENT) FILL IN	 SPACES BEFORE USING	ATTACHMENTS
Director Name	. /		Director Name	- 0 1	
Street Address	Pesta_			C. Costa	
,	ſ		Street Address		
137 HINOS RO	State	Zip	SAUR C	State	Zip
Cumberlas	I AI	02464	Director Name	Jame	
	C-Cost			Caste	
Street Address	<u> </u>		Street Address	<u> </u>	
Some			SAME		
City	State	Zíp	City	State	Zip
10. SHARES AUTHORIZED	("X" BOX FOR AT	 TACHMENT) []	11. SHARES ISSUED (".	X" BOX FOR ATTACHM	 IENT) [
Number of Shares	Class/Series	Par Value	ISSUED SHARES	Classification	Dan Value
	SHOW SELLS	rur valle	Number of Shares	Class/Scries	Par Value
100 NO PAR VALUE			100	CIMMON	No Pan Valu-
					
This report must be	signed in ink by ei	ther the President, Vice 1	President, Secretary, Assistant	t Secretary, Treasurer, R	eceiver or Trustee
				iry, I declare and affirm tha	
*	9-8778-	* ¬	including any accomp contained herein are to	anying schedules and stater	nents, and that all statemer
1-5-04			contained merein are tr	de and correct	//
File Date 1-5-04		-	- X see	1. L'outa	1-2-04
Check No346 6			Signature of Officer		Date
		·	1 Jose	C. CosTa	
Ву:		.	Print or Type Name of	Officer	
FOR SECRETARY OF ST	FATE LISE ONLY		Ynesic	dent	
I ON SECRETARI OF S	- UNLI		Title of Officer		Form 630 Rev. 12/03
					POTT 640 Rev 17/03



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

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

98778

MOTORS EAST, INC.

3. Street Address Principal Business Office

State

Zip

268 Mendon Road

5. State of Incorporation

R.I.

02864

4. Business Phone No.

RHODE ISLAND

0

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

Sales and service of previously owned cars, vans, trucks and motorcycles s and addresses of the Officers ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

Vice President Name

Cumberland

Jose Costa

Street Address

Street Address

268 Mendon Rd.

Cumberland

State

Zip

Secretary Name

City

City

R.I. 02864

Treasurer Name

Street Address

Street Address

Director Name

State

Zip

City

State

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

Street Address

Zip

R.I.

City

State

Director Name

Street Address

City

02864

Director Name

Street Address

Zip

City

State

Zip

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

AUTHORIZED SHARES

100 NO PAR VALUE

Number of Shares

Class/Series

Par Value

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

Class/Series

Par Value

Number of Shares 100

ISSUED SHARES

common

NPV

Date

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



File Date: Check No.:

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 all statements contained herein are true and correct.

Agnature of Officer

Print or Type Name of Officer

Title of Officer **≪** 5

Form 630 12/02



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

> 02864 6. SIC Code

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Tring 1 c. tow. Junuary 1 - March 1 - Tring 1 cc. \$30.0	iod: January 1–March 1 🔹 Fili	ng Fee: \$50.00
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R.I.

THURM MUST BE TYPED IN	I BLACK)				
1. Corporate ID No.	2. Name of Corp	oration			
98778	MOTORS	EAST, INC.			
3. Street Address Principal Bus	iness Office		City	State	Zip
268 Mendo	n Road		Cumberland	R.I.	028
4. Business Phone No.		5. State of Incorpo	ration		6. SIC (
		RHODE IS	LAND		
7. Brief Description of the Cha	racter of Business Conduct	ed in Rhode Island			
Sales and	l service of	previously	owned cars, vans, t	rucks & mot	orcycles
8. NAMES AND ADD	RESSES OF THE O	FFICERS ("X" BOX FOR	ATTACHMENT) FILL IN SPACES	BEFORE USING ATT	ACHMENTS
President Name		·	Vice President Name		
Jose Cost	:a				
Street Address			Street Address		
268 Mendo	on Rd.				
City	State	Zitt	City	State	Zip

02864

City	State	Zip	City	State	Zip

Treasurer Name

Street Address

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 268 Mendon Rd. City State Zip Director Name Director Name

Street Address Street Address City State

ZipCity State Zip

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

> Class/Series Par Value Number of Shares Class/Series Par Value 100 NPV

100 NO PAR VALUE

Number of Shares

Cumberland

Secretary Name

Street Address

common

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



File Date: . Check No.:

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.

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



(FORM MUST BE TYPED IN BLACK) 1. Corporate_ID No. 2. Name of Corporation 3. Street Address Principal Business Offic 5. State of Incorporation 6. SIC Code 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) DFILL'IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Street Address Street Address State City 0086 Treasurer Name Secretary Name Street Address Street Address City City Zip State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) UFILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address State Zip City Director Name Director Name Street Address Street Address City City State Zip10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES 16-0 ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

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

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Check No.: _	AUG 02 2001	<u> </u>		, ·	
E :	y 001/6907	2 -	} - () - ; .	· ·! .	
/	ARY OF STATE USE ONLY	is	*		

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.

Title of Officer



Corporations Division 100 North Main Street, Providence, RI 02903-133 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 600 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 5. State of Incorporation 6. SIC Code Conducted in Rhode Island _# 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) DFILL IN SPACES BEFORE USING ATTACHMENTS ... President Name Vice President Name Street Address City Zip Treasurer Name Street Address Street Address City State Zip City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City Zip 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 0-0 ISSUED SHARES Number of Shares 0 Class/Series Par Value Number of Shares Class/Series Par Value This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED	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.
Check No.: AUG 02 2001 Check No.: By 249077	Signature of Officer Date Color Date
By: FOR SECRETARY OF STATE USE ONLY	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 401-222-3040

PROFIT CORPORATION	ANNUAL REPORT FOR I	ne r	EAR_	<u> </u>
iling Period: January 1-March 1 🔹	Filing Fee: \$50.00			



(FORM MUST BE TYPED IN BLACK)	•				/	
1. Corporate ID No.	2. Name of Corporation					ï
98778 3. Street Address Principal Business Offi	MOTORS EAST	, INC.	City	State	Zip	· -
65 East Avenue	9	5. State of Incorporation	Pawtucket	RI	02860 6. SIC Code	
401-728-2771 7. Brief Description of the Character of	Business Conducted in Rhod	RHODE ISLAND e Island				1
Sale of Used A 8. NAMES AND ADDRESSES President Name	Automobiles/ S OF THE OFFICERS	S ("X" BOX FOR ATTACHM	(ENT) : FILL IN SPACES BE	FORE USING ATTACHME	ÑTS	. 4
Jose Costa Street Address		•	Jose Costa Street Address			, !
Cumberland	d ^{State} RI	^{zip} 02864	Same city	State	Zip	-1
Secretary Name		e para e a c p c	Treasurer Name	2.0	**** PE - 541 -1	, 1
Jose Costa Street Address			Jose Costa Street Address			†
Same	State	Zip	Same city	State	Zip	1
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) (FILL IN SPACES I	BEFORE USING ATTACH	MENTS	
Jose Costa Street Address			Street Address			
See Above	State	Zip	City	State	Zip	į
Director Name			Director Name		* · · · • • • •	!
Street Address		•	Street Address			- 1
City	State	Zip	City	State	Zip .	-{ : :
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHM	IENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMENT)	* •	
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	d in ink by either t	he President, Vice P	resident, Secretary, Assist	ant Secretary, Treasurer	, Receiver c	r Trustee

	* 9 8 7 7 8 *
File Date:	Jan 19,99
Check No.:	1254
By:	V OF STATE HISE 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.

Date

Signature of Officer Jose 4.Costa

1/15/99

Print or Type Name of Officer

President

Title of Officer