

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 - M (FORM MUST BE TYPED OR PRIN		ng Fee: \$50.00				
1. Corporate ID No	2. Name of Corporation					
1644	Auto Services,	Inc.				
3 Street Address Principal Business (Woonsocket	State RI	02895	
4 Business Phone No.	<u></u>	5. State of Incorporation			6. SIC Code	
(401) 766-31 75	<u> </u>	RHODEISLAND			8896	
7: Brief Description of the Character TO PROVIDE: SELL. IN:	of Business Conducted in STALL, MARKET, OR	<i>Rhode Island</i> RIN ANY WAY DEAL IN 2	AUOMOTIVE RELATED PROD	ucts of other	LAWFOL RICASE	
8. NAMES AND ADDRESSES				PACES BEFORE USIN		
President Name			Vice President Name			
JOHN E PAUL			JAMES L. PAUL			
Sincer Address			Sirver Address 35 LUCILLE STREET			
36 BERTHA	AUE State	710	35 LUCITE	Stree 1		
Woonsocket	RJ	02895	Woonsocket	I STAIR I	02895	
JOANNE M. PAUL			JOHN F /	JOHN E PAUL		
Street Address			Sirvet Address			
36 BERTHA AVE			36 BERTHA AVE			
Wansocket	RT_	1)2895	Whow socket	State PT	02895	
9. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES BEFORE USI	NG ATTACHMENTS	
Director Name Date I			Inrector Name			
Street Address			JAMES L. PAUL			
36 BERTHA	AUE		35 Lucille	= Street		
Woonsocket	R T	02895	Signal socket	State	02895	
Director Name	.J/\		Director Name		1020 ,0	
Street Address			Siren Address			
City	State	Zip	Chy	State	Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Scries	Par Value	
8,000 \$1.00 PAR VALUE			2000	Common	41.00	
This speed must be	demand in interference	has the Breaklant Was	Danidan Canada Anida	. S	Name to the Contract of the Co	
riiis report must be s	signed in link by em	ner the President, vice	President, Secretary, Assistan	t Secretary, Freasurer.	Receiver or trustee	
			Under penalty of perio	ury. I declare and affirm t	hat I have examined this report,	
		 ¬	including any accomp	anying schedules and sta	tements, and that all statements	
/	26-05		contained herein are t	nic and correct.	1-11 -2000	
File Date	26-05		Signature of Officer	y fail	Date	
Check No.	0912		Tal		· · · · · · · · · · · · · · · · · · ·	
•	Ti		Print or Type Name of	1 E MAN) Officer	.	
Ву:			Pres	Desat	ì	
FOR SECRETARY OF STA	ATE USE ONLY		Title of Officer	10-011	<u></u> .	
			• •		Form 630 Pey 12/03	