

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 112184		2. Name of Corporation AUTOPAINT RI INC.			
3. Street Address Principal Business Office 47 STAMP FARM ROAD			City CRANSTON	State RI	Zip 02921-
4. Business Phone No. 4019436300		5. State of Incorporation RHODE ISLAND			6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island PAINTING, REFINISHING, BODY REPAIR OF MOTOR VEHICLES OF ANY DESCRIPTION					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kenneth A. Pjojian			Vice President Name Carol E. Pjojian		
Street Address 47 Stamp Farm Road			Street Address 47 Stamp Farm Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Kenneth A. Pjojian			Treasurer Name Carol E. Pjojian		
Street Address 47 Stamp Farm Road			Street Address 47 Stamp Farm Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
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 AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					
Number of Shares			Class/Series		
Par Value			Par Value		
1,000 NO PAR VALUE			Common		
			No Par		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES					
Number of Shares			Class/Series		
Par Value			Par Value		
100			Common		
			No Par		

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



112184 DBC 02/23/2005 12:04:29 PM
FILED
 File Date FEB 23 2005
 Check No. 5576
 By: KB
 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.

Carol E. Pjojian February 22, 2005
 Signature of Officer Date
 Carol E. Pjojian
 Print or Type Name of Officer
 Vice President
 Title of Officer



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

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8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Kenneth A. Pjojian			Vice President Name Carol E. Pjojian		
Street Address 47 Stamp Farm Road			Street Address 47 Stamp Farm Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Kenneth A. Pjojian			Treasurer Name Carol E. Pjojian		
Street Address 47 Stamp Farm Road			Street Address 47 Stamp Farm Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
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 AUTHORIZED (X BOX FOR ATTACHMENT)					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		100	Common	No Par
11. SHARES ISSUED (X BOX FOR ATTACHMENT)					

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



1 1 2 1 8 4

112184 DBC 07/18/04 01:31:00 PM

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

100
4929

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 Carol E. Pjojian Date 7/19/04
 Carol E. Pjojian
 Print or Type Name of Officer
 Vice President
 Title of Officer



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 IN BLACK)

1. Corporate ID No. *112184*		2. Name of Corporation AUTOPAINT RI INC.			
3. Street Address Principal Business Office 47 STAMP FARM ROAD			City CRANSTON	State RI	Zip 02921-
4. Business Phone No. 4019436300		5. State of Incorporation RHODE ISLAND			6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island PAINTING, REFINISHING, BODY REPAIR OF MOTOR VEHICLES OF ANY DESCRIPTION					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kenneth A. Pjojian			Vice President Name Carol E. Pjojian		
Street Address 47 Stamp Farm Road			Street Address 47 Stamp Farm Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Kenneth A. Pjojian			Treasurer Name Carol E. Pjojian		
Street Address 47 Stamp Farm Road			Street Address 47 Stamp Farm Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
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 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
1,000	NO PAR VALUE		100	common	no par

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



* 1 1 2 1 8 4 *

112184 DBC1/21/03 10:13:15 AM

File Date 1-23-03

Check No. 3250

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.

Carol E. Pjojian 1/21/03
Signature of Officer Date
Carol E. Pjojian
Print or Type Name of Officer
Vice 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. **112184** 2. Name of Corporation **AUTOPAINT RI INC.**
3. Street Address Principal Business Office **47 Stamp Farm Road** City **Cranston** State **RI** Zip **02921**
4. Business Phone No. **(401) 943-6300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island
painting, refinishing, body repair of motor vehicles

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

President Name Kenneth A. Pjojian Street Address 47 Stamp Farm Road City Cranston State RI Zip 02921	Vice President Name Carol E. Pjojian Street Address 47 Stamp Farm Road City Cranston State RI Zip 02921
Secretary Name Kenneth A. Pjojian Street Address 47 Stamp Farm Road City Cranston State RI Zip 02921	Treasurer Name Carol E. Pjojian Street Address 47 Stamp Farm Road City Cranston State RI Zip 02921

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

Director Name None Street Address 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
1,000 NO PAR VALUE
common no par

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

ISSUED SHARES
Number of Shares Class/Series Par Value
100
common no par

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



* 1 1 2 1 8 4 *

File Date: 1-22-02
Check No.: 2360
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.
Carol E. Pjojian 1/17/02
Signature of Officer Date
Carol E. Pjojian
Print or Type Name of Officer
Vice President
Title of Officer



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. 112184		2. Name of Corporation AUTOPAINT RI INC.			
3. Street Address Principal Business Office 47 Stamp Farm Road			City Cranston	State RI	Zip 02921
4. Business Phone No. (401) 943-6300		5. State of Incorporation Rhode Island			6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island painting, refinishing, body repair of motor vehicles					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kenneth A. Pjojian			Vice President Name Carol E. Pjojian		
Street Address 47 Stamp Farm Road			Street Address 47 Stamp Farm Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
Secretary Name Kenneth A. Pjojian			Treasurer Name Carol E. Pjojian		
Street Address 47 Stamp Farm Road			Street Address 47 Stamp Farm Road		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			Director Name		
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 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
1000	common	no par	100	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: 5-21-01

Check No: 1325

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.

Carol E. Pjojian May 18, 2001
Signature of Officer *Carol E. Pjojian* Date
Carol E. Pjojian
Print or Type Name of Officer

Vice President
Title of Officer