

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401 222.3040

Form 630 12/01

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 11) No. 2. Name of Corporation 68782 Caprice Auto Sales Inc. 3. Street Address Principal Business Office City State 322 RESERVOIR AVENUE PROVIDENCE RI 02907 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4019412886 RHODE ISLAND 3335 7. Brief Description of the Character of Business Conducted in Rhode Island WHOLESALE AND RETAIL SALES OF USED CARS AND TRUCKS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Gregory A. Porcaro, CPA/ABV, MST Gregory A. Porcaro, CPA/ABV, MST Street Address Street Address 50 Bluebird Lane .50 Bluebird Lane City City State Zip Cranston Rhode Island 02921 Cranston Rhode Island 02921 Secretary Name Treasurer Name Gregory A. Porcaro, CPA/ABV, MST Gregory A. CPA/ABV, MST Street Address Street Address 50 Bluebird Lane 50 Bluebird Lane City State Zip City State Zip Cranston Rhode Island 02921 Cranston Rhode Island 02921 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City State Zip ·Cin Sale Director Name Director Name Street Address Street Address City State ۱۱۱Ö. State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) II. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 2,000 NO PAR VALUE 1500 Common No Par 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 vincluding any accompanying schedules and statements, and that all statements contained herein are true and correct. *68782 DBC 01/04/05 04:43:22 PM* File Date Signature of Officer Check No. Gregory A. Porcaro, CPA/ABV, MST Print or Type Name of Officer President FOR SECRETARY (BYTATE USE ONLY

Title of Officer



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 I . Fill	ing Fee: \$50.00	KI FOR THE	EAR		
(FORM MUST BE TYPED IN	BLACK)	•				
1. Corporate ID No.	2. Name of Carpara		· · · · · · · · · · · · · · · · · · ·			
68782	Caprice Auto	Sales Inc.				
3. Street Address Principal Bus		· · · ·	City	State	Zip	
322 RESERVOIR AV	ENUE		PROVIDENCE	RI	02907	
4. Business Phone No.	·	5. State of Incorporation	<u></u>		6. SIC Code	
4019412886		RHODE ISLAND			3335	
7. Brief Description of the Character of Business Conducted in Rhode Island					3335	
WHOLESALE AND RETAI	IL SALES OF USE	CARS AND TRUCKS				
8. NAMES AND ADDRES	SES OF THE OFFIC	FRS MY" BOY FOR ATT	**************************************			
President Name	0000 01,11111111111111111	CONST. N. BOX FOR ALL	ACHMENT) FILL IN SPA	ACES BEFORE USING A	TTACHMENTS	
Gregory A. Porcaro			Gregory A. Porc	aro		
Street Address			Street Address			
100 Elena Street,	Apt. 116		: 100 Elena Stree	t. Apt 116		
City	State	Zip	City	State	Zip	
Cranston	RI	02920	Cranston	RI	02920	
Sccreiury Name	• • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	Treasurer Name	!	• • • • • • • • • • • • • • • • • • • •	
Gregory A. Porcar	<u> </u>		Gregory A. Porca	aro		
Street Address			Street Address			
100 Elena Street,	Apt. 116		.100 Elena Street	., Apt. 116	Į	
City	State	Zip	*City	State	Zip	
Cranston	RI	02920	. Cranston	RT	102920	
9. NAMES AND ADDRES	SES OF THE DIREC	TORS ("X" BOX FOR AT	TACHMENTO FILL IN SI	PACES REFORE HISING	ATTACHMENTS	
Director Name			ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
			•		į	
Sireei Address			Street Address			
			•		i	
City	State	Zip	• City	State		
			•	Jane	Zip	
Director Name		٠	Director Name			
			*		· !	
Street Address			*Sircei Address			
			•			
City	State	Zip	City	State	Zip	
			•			
10. SHARES AUTHORIZE	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMEN	77 1	
AUTHORIZED SHARES			ISSUED SHARES		···	
Number of Shures	Class/Series	Par Value	Number of Shares	Class/Series .	Par Value	
0.000	_		1500			
2,000 No Par Va	alue		1500	Common	No Par	
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This report must be signe	d in ink by either t	he President, Vice Pre.	sident Secretary Assista	ant Secretory Trease	trar Pagainar or Trustee	
			, ======,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and Decretary, Freusa	arer, Receiver or Trustee	
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	i inni in					
0 6 7	8 2		Under penalty of perju	ry, I declare and affirm t	hat I have examined	
	<u>_</u>	¬	this report, including a	ny accompanying sched	ules and statements.	
68782 DBC 12/30/03 (07:54:55 AM	1	and that all statements	contained herein are tru	e and correct.	
File Date						
•	,		W w			
Check No.	XX/_	1	Signiture of Officer Gregory A. D.		ale	
(1. 3. <u>2. 2.</u>	1. P. Y		Gregory A. Porcaro			
В <u>у:</u>		_	Print or Type Name of Of	Jicer		
FOR SECRETARY OF STATE	USE ONLY		President			
<u> </u>			Tule of Officer		Form 610 12/01	

GORM MUST BE TYPED OR PRINTED IN BIACK)

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

1. Corporate ID No.	2. Name of Corpora	ntion			
68782	Caprice Aut	to Sales Inc.			
3. Street Address Principal Busines			Gity	State	Zip
322 Reservoir Av	enue/	5 State of Incorporat	Providence	RI	02907 6 SIC Code
401-941-2886 7. Brief Description of the Charact	er of Business Conducted	RHODE ISLA	ND		3335
Wholesale and re 8. NAMES AND ADDRE President Name				BEFORE USING ATTAC	THMENTS
Gregory A. Porce	iro		Gregory A. Porc	aro	
100 Elena Street	t, Apt. 116		100 Elena Stree	t, Apt. 116	
ity	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920
Secretary Name			Treasurer Name		
Gregory A. Porca	aro		Gregory A. Porc	aro	
itreet Address			Street Address		
100 Elena Street	t, Apt. 116		100 Elena Stree	t, Apt. 116	
Lity	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920
9. NAMES AND ADDRES Director Name	SSES OF THE DIR	ECTORS ("X" BOX FOR .	ATTACHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTA	ACHMENTS
treet Address			Street Address		
Tity	State	Zip	Cuy	State	Zip
Director Name			Director Name		
treet Address			Street Address		
City	State	Zip	City	State	Zıp
O. SHARES AUTHORIZE	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*.	X* BOX FOR ATTACHMENT	· ·
iumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			1500	Common	No Par

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

	* 6 8 7 8 2 *
File Dute:	<u>4 23-03</u> 532
Gheck No.: By:	ar_
FOR SECRETARY OF	STATE USE ONLY

Under penalty of perjury, I declare and affirm tha	at I have examined
this report, including any accompanying schedul	es and statements, and
that all statements contained herein are true and	correct ,
in In	4/23/13.
Signatule of Officer	Date /
Gregory A. Porcarb	·
Print or Type Number Office	
1426	
litte of Officer	torn 630 1202

Edward S. Inman, III, Secretary of State Cornerations Diminn

100 North Main Street, Providence, RI 02903-1335 401-222-3040

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January	1-March 1 •	Filing Fee: \$50.00			TLEASUREAD INSTRUCTIONS
FORM MUST BE TYPED IN BLA	CK)				
1 Corporate ID No	2 Name of Corporatu	ın			
68782	Caprice Auto	Sales Inc.			
3. Street Address Principal Rusiness	Office		City	State	Zip
322 Reservoir Ave	nue	5 Male of Incorporation	Providence	RI	02907 6: SIC Code
401-941-2886 7. Brief Description of the Character	of Business Conducted in	RHODE ISLAND			3335
Wholesale and ret. 8. NAMES AND ADDRESS President Name	ail sales of SES OF THE OFFIC	used cars and tr ERS ("x" BOX FOR ATTACE		BEFORE USING ATTACH	IMENTS
Gregory A. Porcare	0		Gregory A. Pore	caro	
100 Elena Street	Apt # 116	Zıp	cay Elena Stree	et Apt# 116	Zip
Cranston Secretary Name	RI	02920	Cranston Treasurer Name	RI	02920
Gregory A. Porcard	o		Gregory A. Pôro	caro	
100 Elena Street A	Apt #116 State	Zip	100 Elena Stree	et Apt# 116 State	Zip
Cranston 9. NAMES AND ADDRESS Director Name	RI SES OF THE DIREC	02920 CTORS ("X" BOX FOR ATTA	Cranston CHMENT) FILL IN SPACE Director Name	RI S BEFORE USING ATTAC	02920 `CHMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Tity	State	Lip	City	State	Zip
10. SHARES AUTHORIZED	O ("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED (*).	X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			7		
			1500:	Common	No par value

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



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 gorrecy

Signalytic of Officer

.. Gregory A. Porcaro
Print of Type Name of Officer

President Title of Officer

4: 2. S

tom 230 1350



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 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

FORM MUST BE TYPED IN BLAC.	K)				
1. Corporate ID No.	2 Name of Corporation				•
68782 3. Street Address Principal Business O	Caprice Au	to Sales, Inc.	City	State	Zip
322 Reservoir Ave	nue	5 State of Incorporation	Providence	RI	02907 6 SIC Code
401-941-2886 7. Brief Description of the Character o	f Business Conducted in Ri	Rhode Island			3335
Wholesale and ret 8. NAMES AND ADDRESS! President Name					
Gregory Porcaro			Gregory Porcaro		
38 Brae Street	State	Zip	38 Brae Street	State	Zip
North Providence	RI	02911	North Providence Treasurer Name	RI	02911
Gregory Porcaro Street Address			Gregory Porcaro		
38 Brae Street	State	Zip	38 Brae Street	State	Zip
North Providence 9. NAMES AND ADDRESSI Director Name	RI ES OF THE DIREC	02911 FORS (*x* box for attac	North Providence CHMENT) Director Name	RI	02911
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 AUTHORIZED SHARES	("X" BOX FOR ATTACE	IMENT)	11. SHARES ISSUED ("X" E	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Senes	Par Value
2.000 No Par Valu	e Common Stoc	k	1500	Соммол	No par

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

Title of Officer

	FILI	ED	
le Date:		:. 1= 1	
	FEB 07	7 2001	
lieck No	By_Co	569	

Under penalty of perjury, I decl	are and affirm that I have examined
	mpanying schedules and statements, and
that/all statements contained h	erein are true and correct.
Xi molar-	43/4
Suprafure of Officer	Date
Gregory Porcaro Print of 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 BE TYPED IN BLACK)

1. Cornorate ID No. 2. Name of Corporation 68782 Caprice Auto Sales Inc. 3. Street Address Principal Business Office City State 210 322 Reservoir Avenue 6 SIC Code Providence RΙ 5. State of Incompration

401-941-2886 3335 RHODE ISLAND

7 Brief Description of the Character of Business Conducted in Rhode Island Wholesale and retail sales of used cars and trucks 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Gregory A. Porcaro Gregory A. Porcaro. Street Address Street Address 10 Village Court City State Zip City State Zip Cranston RI 02920 Secretary Name Treasurer Name Gregory A. Porcaro Gregory A. Porcaro Street Address Street Address State City State Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address

Director Name Street Address City State Lip City State Zip Director Name Director Name Street Address Street Address City Zip State City Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

2,000 NO PAR VALUE

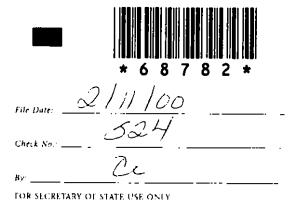
Common stock

1500

Common

No par value

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.

Gregory A. Porcaro Print or Type Name of Officer

President

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, R1 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ

(FORM MUST BE TYPED IN BLACK					
1. Corporate ID No. 68782	2. Name of Corporat Caprice Aut	o Sales Inc.			
3. Street Address Principal Business Of	fice		City	State	Zip
322 Reservior Avenue. Business Phone No.	ne	S. State of Incorporation RHODE ISLAND	Providence	RI	02907 6. SI <u>Ç Çedr</u>
401- 139-9250 7. Brief Description of the Character of	Business Conducted in				3335
Wholesale and retain 8. NAMES AND ADDRESSE President Name	il of used of the OFFIC	ars and trucks CERS (*x* BOX FOR ATTACHA	(ENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTACHM	IENTS
Gregory A. Porcaro Street Address			Gregory A. Po	orcaro	
10 Village Court	State	Zıp	10 Village Co	ourt State	Zip
Cranston Secretary Name	RI	02920	Cranston Treusurer Name	RI	. 02920
Gregory A. Porcaro			Gregory A. Po	orcaro	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSE Director Name	S OF THE DIRE	CTORS (*X* BOX FOR ATTAC	HMENT) : FILI, IN SPA Director Name	ČES BEFORE USING ATTACH	IMĖNTŠ
Street Address			Street Address		
City	State	ΖΙρ	City	State	Zip
Director Name		• • • • • • • • • • • • • • • • • • • •	Director Name	· · · · · · · · · · · · · · · · · · ·	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (AUTHORIZED SHARES	"X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	I .:
Number of Shares 2,000 NO PAR VALUE	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
·			1,500	Common stock	No par value
Phile rooms are the started	to toda boo atal			· · · · ·	
This report must be signed	III INK DY EITNE BUSTIII ISSA ISIN III	er the President, vice Pre	esident, Secretary, As:	sistant Secretary, Treasurer	, Receiver or Trustee
* 6	8782	*			

File Date: 1-8-99

Check No.: 232

By: AMF Or 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

Gregory, A. Porcaro.

Print or Type Name of Officer

President
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 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 68782 Caprice Auto Sales, Inc. 3. Street Address Principal Business Office City State Zip 322 Reservoir Avenue Providence RI 02907 4. Business Phone No. 5. State of Incorporation 6 SIC Code 401-941-2886 Rhode Island 3335 7 Brief Description of the Character of Business Conducted in Rhode Island Wholesale and retail sales of used cars and trucks 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Gregory A. Porcaro Gregory A. Porcaro Street Address 10 Village Court State City State Ζiρ Cranston RI 02920 Secretary Name Treasurer Name Gregory A. Porcaro Gregory A. Porcaro Street Address Street Address State City State Z_{P} 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Street Address Street Address State Zip City State Zip Director Name Director Name Street Address Street Address City State City Z_{ip} 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 2000 Common stock No par value 1500 Common No par value 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

FOR SECRETARY OF STATE USE ONLY



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903 1335 401-277-3040

Zip

Zip

02919

6. SIC Code

PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Cornorate ID No. 2. Name of Corporation 68782 Caprice Auto Sales, Inc. 3 Street Address Principal Business Office City State 200 Putnam Pike Johnston RI 4. Business Phone No. 5. State of Incorporation

401-233-2060 Rhode Island 3335 7. Brief Description of the Character of Business Conducted in Rhode Island

Wholesale and retail of used cars and trucks 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name Vice President Name

Gegory A. Porcaro Street Address Gregory A. Porcaro Street Address

10 Village Court 10 Village Court Zip City State

Cranston RΙ 02920 RI 02920 Cranston Secretary Name Treasurer Name

Gregory A. Porcaro Gregory A. Porcaro Street Addres

City State Zip City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name 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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

2,000 Common stock No par value 1,500 Common stock No par value

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

litle of Officer

- 	
	Under penalty of perjury, I declare and affirm that I have examined
1 .	this report, including any accompanying schedules and statements, and
MaxId	that all statements contained herein are true and correct
File Date:	A P Wicks
$\frac{1}{1}$	Juny funt
Check No.:	SigNaturéful Officer Date
104/160	Gregory A. Porcaro
Ву:	Frint in Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President

PROFIT CORPORATON **ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 * (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

0.0 OI STAROGROU 1	2 NAME OF CORPORATION		PLEASE TIPE OF	Traint in BLACK INK.		
68782 3 STREET ADDRESS PAINCIPAL BUSINESS	Caprice Auto	Sales,	Inc.	CITY	STATE	ZIP CODE
200 Putnam Pike		5 STATE OF IR	VCORPOPATION	Johnston	RI	02919 6 STC CODE
401-233-2060 7 BR EF DESCRIPT ON OF THE CHARACTER	OF BUS:NESS CONDUCTED IN RE	Rhode	Island			3335
Wholesale and reta	il of used ca	rs and	trucks ADDRES	SES OF THE	OFFICERS	
Gregory A. Porcaro	1			Gregory Porca	aro	
lO Village Court	STATE	ZIP CODE		CITY	STATE	71P COUE
Cranston SECRETARY NAME	RI	0292	20	TREASURER NAME		
Gregory Porcaro				Gregory Porca	aro	
C.TY	STATE	Z:P CODE		CITY	STATE	ZIP COCE
D RECTOR NAME	9. NAMES	A N D	A D D R E S	SES OF THE	EDIRECTORS	
STREET ADDRESS				STREET ADDRESS		
CITY	STATE .	ZIP CODE		CITY	STATE	Z P CODE
DIRECTOR NAME				DIRECTOR NAME		
STREET ADDRESS	•			STREET ACCRESS		
עזוט	STATE	Z P CCDE		CITY	STATE	ZIP COOE
		HARES	S AUTHO	RIZED AND	ISSUED	
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE		NUMBER OF SHARES	ISSUED SHARES CLASS/SERIES	PAR VALUE
2000	Common sto	ck No	o par valu	e 1500	Common stock	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:	2/7/97
Check No:	174699

By:

Signature of Officer

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.

For Secretary of State Use Only

President Title of Officer

Gregory A. Porcaro Print or Type Name of Officer

Date FORM 31, 12/95

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

PNEL

File Annually – Jan. 1 - March 1 Filing Fee \$50.00

401-277	-3040				Ma	ike Checks Payable	to: Secretary of State
Corporate ID:			Annual Report for the year: 1975				
Name of Corporation:	Calaira A	the CAN	10 TV				
Business entity organized	•		<u> </u>		st Entity is (check one		
For foreign entity, address and telephone number of principal office:				[V] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)			
Phone: ()					atement of the charact	* .	
Address and telephone of Island (Provide street address and Ruth R	ress - Not P.O. Box):		in Rhode		hucies.		
Johnston,	Λ± 01	-919	· · · · · · · · · · · · · · · · · · ·				
Phone: (401) 23	7-2060						
		THE		THE OFFIC			
PRESIDENT		, ,		ADORESS	carr	(STATE	ZZP CODE
MICHAEL V. SCI	anduzid	<u> </u>	STREET	ADDRESS	Johnsto	N N ±	<u>02919</u>
Gregory A	Ponemo	10 V	illace	Count	Criticator	v, n=	02 920
SECRETARY			STREET	ADDRESS	αn	/STATE	ZZP CODE
Michael 6".	Scanduzic	<u> </u>	nove St	ncet	Johnsto 1	را الله	02919
Gnesony A	PoncAND	10 V	STREET	ADDRESS	Churuston		12920
uncon-	VORCHRE	 · .		Count THE DIRECT		100	0 4 7 30
NAME		1112		ADDRESS		STATE	ZIP CODE
AME STREET A				ADDRESS	an	/STATE	ZZP COĐE
NAME	STREET AD				am	STATE	ZZP CODE
NUMBER OF SHARES AU	THORIZED (Rider may	y be attached)		NUMBER C	OF SHARES ISSUED AT	ND OUTSTANDING (R)	der may be attached)
Number of Shares Class / Series				Number of	Shares C	lass / Series	
2,000	Commo	in st	OCK				
,	ro	PAR	unive				
41		9x		ull IR.	Dearsi	<u> </u>	
Date	<u>'</u> , 1	9 95	By:	1426.	Scanduz	<u> </u>	
			PRINT O	R TYPE NAME OF OF			

PAID

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

Form 31 1/95

FEB 0 7 1997 17 17 1899 SEC'Y OF STATE

TITLE OF OFFICER SIGNING PRESIDENT

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: Michael Science

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

Form 31 1/95

ANNUAL REPORT

(Yes.

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

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ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED. ____ Annual Report for the year: 1994 Name of Corporation: CAPRICE Auto SAKS INC. Business Entity is (check one): Por ferrigo anxiv, address and telephone number of principal office: Business Corporation (See RIGL Chapter 7-1.1) 200 PUTNEM PIKE [] Professional Service Corporation (See RIGL Chapter 7-5.1) Johnston, at 02919 Brief statement of the character of business conducted in Rhode Island: Wholesale + Retmi of used CANS Phone: (441) 233-2060 + THUCKS-Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box): SAME AS AMOUG Phone: (THE NAMES OF THE OFFICERS ARE: STREET ADDRESS CTTY/STATE ZZP CODE 02919 ZIP CODE 02720 ZIP CODE 02719 ZIP CODE 2220 Court THE NAMES OF THE DIRECTORS ARE NAME ZIP CODE STORET ADDRESS CITY/STATE NAME STREET ADDRESS CTTY/STATE ZIP CODE NAME STREET ADDRESS CITY/STATE ZIP CODE NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Strares Number of Shares Class / Series Class / Series Stock 2,000

PAID

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

TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: - midae

FEB 0 7 1997 SECY OF STATE

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

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ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED. Corporate ID: ____ Annual Report for the year: _ SAles Inc. Name of Corporation: CAPALLE Auto Business Entity is (check one): For foreign energy, 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: (wholesomet letter of bred Address and telephone of the principal office of business entity in Rhode + THUCKS Island (Provide street address - Not P.O. Box): 200 Putwom Piùo Johnston, 2460 THE NAMES OF THE OFFICERS ARE: PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE 02917 ZIP COOE STREET ADDRESS ZIP CODE nove 0291, STREET ADDRES ZIP CODE THE NAMES OF THE DIRECTORS ARE: NAME STREET ADDRESS CITY/STATE ZIP CODE NAME STREET ADDRESS CTTY/STATE ZZP CODE NAME STREET ADDRESS CITYSTATE ZIP CYODE NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Stares Class / Series Number of Shares Class / Series COMMON 2000 PAN VALUE Form 31 1/96 TITLE OF OFFICER SIGNING

PAID TO PEGGO IT IN

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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