



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. 64082		2. Name of Corporation J & J BUMPERS, INC.		
3. Street Address Principal Business Office 10 DUNNELL LANE		City Pawtucket	State RI	Zip 02860
4. Business Phone No. (401) 7288902		5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island AUTO BUMPER REPAIR AND MANUFACTURE				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name JOAQUIM CONDINHO		Vice President Name JOAO BENTO PINHEIRO		
Street Address 10 DUNNELL LANE		Street Address 10 DUNNELL LANE		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI
Secretary Name JOAQUIM CONDINHO	Treasurer Name JOAO BENTO PINHEIRO			
Street Address 10 DUNNELL LANE		Street Address 10 DUNNELL LANE		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name JOAQUIM CONDINHO		Director Name JOAO BENTO PINHEIRO		
Street Address 10 DUNNELL LANE		Street Address 10 DUNNELL LANE		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI
Director Name JOAQUIM CONDINHO		Director Name JOAO BENTO PINHEIRO		
Street Address 10 DUNNELL LANE		Street Address 10 DUNNELL LANE		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
2,000	NO PAR VALUE		2000	
				0

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



File Date 2-4-05
Check No. 11172
By ac
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 Joao Pinheiro Date 1-4-05
Print or Type Name of Officer JOAO PINHEIRO
Title of Officer V. Pres.



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. 64082		2. Name of Corporation J & J BUMPERS, INC.			
3. Street Address Principal Business Office 10 DUNNELL LANE			City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. (401) 728-8902		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island AUTO BUMPER REPAIR AND MANUFACTURE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOAQUIM P. CONDINHO			Vice President Name None		
Street Address 18 Sweetbrier Ave			Street Address		
City E. Providence	State RI	Zip 02915	City	State	Zip
Secretary Name NONE			Treasurer Name JOAO B. PINHEIRO		
Street Address			Street Address 121 WellSpring Drive		
City	State	Zip	City CRANSTON	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOAQUIM P. CONDINHO			Director Name NONE		
Street Address 18 Sweetbrier Ave			Street Address		
City E. Providence	State RI	Zip 02915	City	State	Zip
Director Name Joao B. Pinheiro			Director Name NONE		
Street Address 121 WellSpring Drive			Street Address		
City Cranston	State RI	Zip 02920	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
2,000 NO PAR VALUE			500	c/s	NO PAR

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



* 6 4 0 8 2 *

RECEIVED

File Date: JAN 26 2004

Check No. 10010858

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.

X [Signature] 1/23/04
Signature of Officer Date
Joao B. Pinheiro
Print or Type Name of Officer
Treasurer
Title of Officer

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. **64082** 2. Name of Corporation **J & J BUMPERS, INC.**
3. Street Address Principal Business Office **10 DUNNELL LANE PAWTUCKET RI 02860**
4. Business Phone No. **401-728-8902** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1893**

7. Brief Description of the Character of Business Conducted in Rhode Island
Auto Bumper Repair & Manufacturing

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

President Name **JOAQUIM P. CONDINHO**
Street Address **18 Sweetbrier Ave**
City **E. Providence, RI 02915**
Secretary Name **NONE**

Vice President Name **NONE**
Street Address
City
State
Zip
Treasurer Name **JOAO B. PINHEIRO**
Street Address **121 Wellspring Drive**
City **Cranston RI 02920**

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

Director Name **JOAQUIM P. CONDINHO**
Street Address **18 Sweetbrier Ave**
City **E. Providence RI 02915**
Director Name **Joao B. Pinheiro**
Street Address **121 Wellspring Drive**
City **Cranston RI 02920**

Director Name **NONE**
Street Address
City
State
Zip
Director Name **NONE**
Street Address
City
State
Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 C/S No PAR

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



* 6 4 0 8 2 *

7-21-03

File Date: _____
Check No. **10688**
By: **Jo**

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.

Joachim P. Condinho 07-18-03
Signature of Officer Date
JOAQUIM P. CONDINHO
Print or Type Name of Officer

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. **64082** 2. Name of Corporation **J & J BUMPERS, INC.**
3. Street Address Principal Business Office **10 DUNNELL LANE** City **PAWTUCKET** State **RI** Zip **02860**
4. Business Phone No. **401-728-8902** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **121100**

7. Brief Description of the Character of Business Conducted in Rhode Island
Auto Bumper Repair + MFG

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

President Name JOAQUIM P. CONDINHO	Vice President Name NONE
Street Address 18 Sweetbrier Ave	Street Address
City State Zip E. PROVIDENCE RI 02915	City State Zip
Secretary Name NONE	Treasurer Name JOAO B. Pinheiro
Street Address	Street Address 121 Wellspring Dr.
City State Zip	City State Zip Cranston RI 02920

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

Director Name JOAQUIM P. CONDINHO	Director Name NONE
Street Address 18 Sweetbrier Ave	Street Address
City State Zip E. Providence RI 02915	City State Zip
Director Name JOAO B. Pinheiro	Director Name NONE
Street Address 121 Wellspring Ave.	Street Address
City State Zip Cranston RI 02920	City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 C/S NO PAR

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



* 6 4 0 8 2 *

File Date 3-11-02
Check No 9937
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.
Signature of Officer Joachim P. Condinho Date 03-07-02
Print or Type Name of Officer JOAQUIM P. CONDINHO
Title of Officer PRESIDENT

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: **64082** 2 Name of Corporation: **J & J BUMPERS, INC.**

3. Street Address Principal Business Office: **10 DUNNELL LANE** City: **PAWTUCKET** State: **RI** Zip: **02860**
4. Business Phone No: **401-728-8902** 5. State of Incorporation: **RHODE ISLAND** 6. SIC Code: **721100**

7. Brief Description of the Character of Business Conducted in Rhode Island: **AUTO BUMPER REPAIR & MFG**

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

President Name: **JOAQUIM P CONDINHO**
Street Address: **18 Sweetbriar Ave**
City: **E. Providence** State: **RI** Zip: **02915**

Vice President Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Secretary Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Treasurer Name: **JOAO B Pinheiro**
Street Address: **121 Wellspring Dr**
City: **CRAWSTON** State: **RI** Zip: **02920**

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

Director Name: **JOAQUIM P CONDINHO**
Street Address: **18 Sweetbriar Ave**
City: **E. Providence** State: **RI** Zip: **02918**

Director Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

Director Name: **JOAO B Pinheiro**
Street Address: **121 Wellspring Ave**
City: **CRAWSTON** State: **RI** Zip: **02920**

Director Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____

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

AUTHORIZED SHARES
Number of Shares: **2,000** Class/Series: **NO PAR VALUE** Par Value: _____

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

ISSUED SHARES
Number of Shares: **500** Class/Series: **e/s** Par Value: **NO PAR**

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



* 6 4 0 8 2 *

3-15-01

File Date: _____

Check No.: **9222**

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] P. Condinho **03-14-01**
Signature of Officer Date

JOAQUIM P. CONDINHO
Print or Type Name of Officer

[Signature]
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 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **64082** 2. Name of Corporation **J & J BUMPERS, INC.**
3. Street Address Principal Business Office **10 DUNNELL LANE** City **PAWTUCKET** State **RI** Zip **02860**
4. Business Phone No. **401-729-8902** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **421100**
7. Brief Description of the Character of Business Conducted in Rhode Island **AUTO BUMPER REPAIR & MFG**

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

President Name **JOAQUIM P CONDINHO** Vice President Name _____
Street Address _____ Street Address _____
City **E. PROVIDENCE** State **RI** Zip **02910** City _____ State _____ Zip _____
Secretary Name _____ Treasurer Name **JOAO B PINHEIRO**
Street Address _____ Street Address **121 WELLSPRINGS DR**
City _____ State _____ Zip _____ City **CRANSTON** State **RI** Zip **02920**

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

Director Name **JOAQUIM P CONDINHO** Director Name _____
Street Address **18 SWEET BRIAL AVE** Street Address _____
City **RIVERSIDE** State **RI** Zip **02910** City _____ State _____ Zip _____
Director Name **JOAO B PINHEIRO** Director Name _____
Street Address **121 WELLSPRINGS AVE** Street Address _____
City **CRANSTON** State **RI** Zip **02920** City _____ State _____ Zip _____

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
500 C/S NO PAR

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



File Date: 4/14/00
Check No.: 8444
By: KID

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: Joachim P. Condinho Date: 04-11-00
Print or Type Name of Officer: JOAQUIM P. CONDINHO
Title of Officer: PRESIDENT



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. 64082 2. Name of Corporation J+J BUMPERS, INC
3. Street Address Principal Business Office 10 DUNNELL LANE City PAWTUCKET State RI Zip 02860
4. Business Phone No. 401-728-8902 5. State of Incorporation RHODE ISLAND 6. SIC Code 421100
7. Brief Description of the Character of Business Conducted in Rhode Island AUTO BUMPER REPAIRS ~ MFG

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>JOAQUIM P CONDINHO</u> Street Address <u>18 Sweetbriar Ave</u> City <u>Riverside</u> State <u>RI</u> Zip <u>02915</u>	Vice President Name <u>JOAO B. Pinheiro</u> Street Address <u>121 Wellspring Dr</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02920</u>
Secretary Name <u>JOAQUIM P CONDINHO</u> Street Address <u>18 Sweetbriar Ave</u> City <u>Riverside</u> State <u>RI</u> Zip <u>02915</u>	Treasurer Name <u>JOAO B Pinheiro</u> Street Address <u>121 Wellspring Dr</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02920</u>

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

Director Name <u>JOAQUIM P Condinho</u> Street Address <u>18 Sweetbriar Ave</u> City <u>Riverside</u> State <u>RI</u> Zip <u>02915</u>	Director Name <u>JOAO B Pinheiro</u> Street Address <u>121 Wellspring Ave</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02920</u>
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

Number of Shares	Class/Series	Par Value
<u>2000</u>	<u>cls</u>	<u>No Par Value</u>

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

Number of Shares	Class/Series	Par Value
<u>2000</u>	<u>cls</u>	<u>No Par</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.

FILED
File Date SEP 14 1999
Check No. J.M.D. 230571
By _____
FOR SECRETARY OF STATE USE ONLY

Signature of Officer Joao B. Pinheiro Date 7/29/99
Print or Type Name of Officer Joao B. Pinheiro
Title of Officer Treasurer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 64082 2. Name of Corporation J & J BUMPERS INC
3. Street Address Principal Business Office 10 DUNNELL LANE City PAWTUCKET State RI Zip 02860
4. Business Phone No. 401-728-8902 5. State of Incorporation Rhode Island SIC Code 901100
7. Brief Description of the Character of Business Conducted in Rhode Island AUTO BUMPER REPAIRS + MFG

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

President Name <u>JOAQUIM P CONNINHO</u>	Vice President Name <u>JOAO B PINHEIRO</u>
Street Address <u>18 Sweetbriar Ave</u>	Street Address <u>121 WELLSRING DR</u>
City <u>Riverside</u> State <u>RI</u> Zip <u>02915</u>	City <u>CRAWSTON</u> State <u>RI</u> Zip <u>02920</u>
Secretary Name <u>JOAQUIM P CONNINHO</u>	Treasurer Name <u>JOAO B PINHEIRO</u>
Street Address <u>18 Sweetbriar Ave</u>	Street Address <u>121 WELLSRING DR</u>
City <u>Riverside</u> State <u>RI</u> Zip <u>02915</u>	City <u>CRAWSTON</u> State <u>RI</u> Zip <u>02920</u>

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

Director Name <u>JOAQUIM P CONNINHO</u>	Director Name
Street Address <u>18 Sweetbriar Ave</u>	Street Address
City <u>Riverside</u> State <u>RI</u> Zip <u>02915</u>	City State Zip
Director Name <u>JOAO B PINHEIRO</u>	Director Name
Street Address <u>121 WELLSRING DR</u>	Street Address
City <u>CRAWSTON</u> State <u>RI</u> Zip <u>02910</u>	City State Zip

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

Number of Shares	Class/Series	Par Value
<u>2000</u>	<u>Jhs C/S</u>	<u>NO PAR</u>

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

Number of Shares	Class/Series	Par Value
<u>2000</u>	<u>C/S</u>	<u>NO PAR</u>

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

FILED

File Date: SEP 14 1999
Check No.: JHS 230571
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.

Joao B Pinheiro 8/1/99
Signature of Officer Date
JOAO B PINHEIRO
Print or Type Name of Officer
Treasurer
Title of Officer



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. **64082** 2. Name of Corporation **J & J BUMPERS, INC.**
3. Street Address Principal Business Office **72 BOYD AVE** City **E. PROVIDENCE** State **RI** Zip **02914**
4. Business Phone No. **401-435-6433** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5010**
7. Brief Description of the Character of Business Conducted in Rhode Island
BUMPER REPAIR

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name JOAQUIM P CONDINHO Street Address 18 SWEETBRIAR AVE City RIVERSIDE State RI Zip 02915	Vice President Name JOAO B PINHEIRO Street Address 121 WELLSPRING DRIVE City CRANSTON State RI Zip 02920
Secretary Name JOAQUIM P CONDINHO Street Address 18 SWEETBRIAR AVE City RIVERSIDE State RI Zip 02915	Treasurer Name JOAO B PINHEIRO Street Address 121 WELLSPRING DRIVE City CRANSTON State RI Zip 02920

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

Director Name JOAQUIM P CONDINHO Street Address 18 SWEETBRIAR AVE City RIVERSIDE State RI Zip 02915	Director Name JOAO B PINHEIRO Street Address 121 WELLSPRING DRIVE City CRANSTON State RI Zip 02920
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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 SHS NO PAR VAL			200	COMMON	NONE

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



* 6 4 0 8 2 *

File Date: 2/28/97

Check No.: 5979

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] P. Condinho 2/26/97
Signature of Officer Date

JOAQUIM P CONDINHO
Print or Type Name of Officer

PRESIDENT
Title of Officer

PROFIT CORPORATION 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.

1. CORPORATE ID NO. 64082
2. NAME OF CORPORATION J & J BUMPERS, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 72 Boyd Ave
4. BUSINESS PHONE NO 401-435-6433
5. STATE OF INCORPORATION RHODE ISLAND
6. SIC CODE 5010
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Auto bumper repairs & mfgs.

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: JOAQUIM P CONDINHO
STREET ADDRESS: 18 Sweetthorick Ave
CITY: RIVERSIDE STATE: RI ZIP CODE: 02915

VICE PRESIDENT NAME: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____

SECRETARY NAME: JOHN M CONSTANTINO
STREET ADDRESS: 415 Hewes St
CITY: CUMBERLAND STATE: RI ZIP CODE: 02864

TREASURER NAME: JOAO B PINHEIRO
STREET ADDRESS: 121 Wellspring Dr
CITY: CRANSTON STATE: RI ZIP CODE: 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: JOAQUIM P CONDINHO
STREET ADDRESS: 18 Sweetthorick Ave
CITY: RIVERSIDE STATE: RI ZIP CODE: 02915

DIRECTOR NAME: JOAO B PINHEIRO
STREET ADDRESS: 121 Wellspring Dr
CITY: CRANSTON STATE: RI ZIP CODE: 02920

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2,000 SHS	NO PAR VAL		2000	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, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date: 3/13/96
Check No: 9036
By: [Signature]
For Secretary of State Use Only

[Signature]
Signature of Officer
John M Constantino
Print or Type Name of Officer
Secretary
Title of Officer
3/29/96
Date

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0064082 Annual Report for the year: 1995

Name of Corporation: J & J EUMPFERS, INC.

Business entity organized under the laws of the State of: RI Business Entity is (check one):
 Business Corporation (See RIGL Chapter 7-1.1)
 Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

Brief statement of the character of business conducted in Rhode Island:
Auto bumper repairs

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
72 Boyd Ave
East Providence, RI 02914

Phone: (401) 435-6433

THE NAMES OF THE OFFICERS ARE:

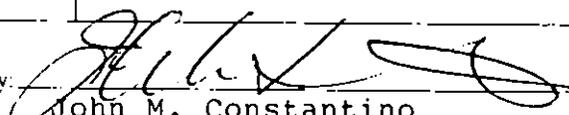
PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Joaquim P Condinho	18 Sweetbriar Ave	Riverside RI	02915
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
John M Constantino	45 Hewes St	Cumberland RI	02864
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Joao B Pinheiro	121 Wellspring Dr	Cranston RI	02920

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Joaquim P Condinho	18 Sweetbriar Ave	Riverside RI	02915
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Joao B Pinheiro	121 Wellspring Dr	Cranston RI	02920

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
200 0	Common	200 0	Common

Date 2/25/ 1995

By: 
John M. Constantino
 PRINT OR TYPE NAME OF OFFICER SIGNING
 TITLE OF OFFICER SIGNING Secretary

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

JOAO B. PINHEIRO
 82 BOYD AVENUE
 EAST PROVIDENCE RI 00000

PAID
 MAY 25 1995
 TP 3131

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT
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

File Annually
LLC: Sept 1 - Nov 1
CORP: Jan 1 - March 1

Corporate ID: 0054052 Annual Report for the year: 1994

Name of Business Entity: J & J BUMPERS, INC.

Business entity organized under the laws of the State of RI

Federal Taxpayer Identification Number: [REDACTED]

For foreign entity, address and telephone number of principal office

Phone ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

72 Boyd St
E. Providence RI 02915

Phone 401 435-6433

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-11)
- Professional Service Corporation (See RIGL Chapter 7-11)
- Limited Liability Company (See RIGL 7-15)

Name, title and mailing address of contact person to whom communications may be directed.

JOAO B. PINHEIRO
Vice-President
72 Boyd St
E. Providence RI 02915

Brief statement of the character of business conducted in Rhode Island.

Auto Bumper Repairs

Date of Organization: 4-24-91

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR PRESIDENT (INC. OR S-C)
NAME: JOAQUIM P. CANDIANO STREET ADDRESS: 18 Sweetbriar Ave CITY/STATE: Riverside, RI ZIP CODE: 02915

CHIEF OPERATING OFFICER OR VICE PRESIDENT (INC. OR S-C)
NAME: _____ STREET ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

CLERK OR ASST. CLERK OR SECRETARY (INC. OR S-C)
NAME: JOHN M. CONSTANTINO STREET ADDRESS: 45 Hewes St. CITY/STATE: CUMBERLAND RI ZIP CODE: 02864

CHIEF FINANCIAL OFFICER OR TREASURER (INC. OR S-C)
NAME: JOAO B. PINHEIRO STREET ADDRESS: 121 WELLSRING DR. CITY/STATE: CRANSTON RI ZIP CODE: 02920

THE NAMES OF THE DIRECTORS ARE:

NAME: JOAQUIM P. CANDIANO STREET ADDRESS: 18 SWEETBRIAR AVE CITY/STATE: RIVERSIDE, RI ZIP CODE: 02915

NAME: JOAO B. PINHEIRO STREET ADDRESS: 121 WELLSRING DR CITY/STATE: CRANSTON, RI ZIP CODE: 02920

NAME: _____ STREET ADDRESS: _____ CITY/STATE: _____ ZIP CODE: _____

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 2000 A

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR NO PAR VALUE

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 2000 A

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR NO PAR VALUE

Date 2-26- 19 94

By John M. Constantino
JOHN M. CONSTANTINO
TITLE OF OFFICER OR DIRECTOR: SECRETARY

Form 21 - 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

JOAO B. PINHEIRO
72 BOYD AVENUE
EAST PROVIDENCE RI 00000

FILED
JUN 7 1994
Rem CK 2057

2000 7/13

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 64082 Annual Report for the year 1993

FIRST: The name of the corporation is J + J BUMPERS, INC

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is Bumper repairs

FOURTH: If foreign corporation, address of its principal office.

FIFTH: Business address in Rhode Island 72 Boyd Ave
E. PROVIDENCE, RI 02914

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>JOAQUIM P. PONDINHO</u>	President	<u>18 Sweet Briar Ave E. Prov. RI 02914</u>
	Vice President	
<u>JOHN M. CONSTANTINO</u>	Secretary	<u>16 Hewes St Cumberland RI 02804</u>
<u>JOAO B. PINHEIRO</u>	Treasurer	<u>121 Wellspring Dr Cranston RI 02864</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>C/S</u>		<u>NO PAR</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>C/S</u>		<u>NO PAR</u>

Dated 2/26/ 1993

J + J BUMPERS, INC
(Name of Corporation)

By Joachim P. Pondinho

Title PREZ

(Report must be signed by an officer)

PAID
MAR 02 1993
SECRETARY OF STATE

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

1992

Corporate ID 0050082 Annual Report for the year 1992

FIRST: The name of the corporation is J. & J. BUMPERS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is

Bumper straightening and repair

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island 72 Boyd Avenue, East Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Joaquim Condinho	Director	18 Sweetbriar Ave., E. Providence, RI 02915
Joao B. Pinheiro	Director	121 Wellspring Dr., Cranston, RI 02920
	Director	
Joaquim Condinho	President	same as above
	Vice President	
Joaquim Condinho	Secretary	same as above
Joao Pinheiro	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	Common		No Par Value

PAID
DEC 21 1992

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		No Par Value

Dated December 17, 19 92

J & J BUMPERS, INC.
(Name of Corporation)

By Joaquim F. Condinho
Title President

(Report must be signed by an officer)