



STATE OF RHODE ISLAND AND PROVIDENCE  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Providence, RI 02903-1335  
401.222.3040

**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 72685		2. Name of Corporation PRO-TECH DISTRIBUTORS inc			
3. Street Address Principal Business Office 19 Eldred Ct			City Wanfield	State RI	Zip 02879
4. Business Phone No. 789 7329		5. State of Incorporation RHODE ISLAND			6. SIC Code 2618
7. Brief Description of the Character of Business Conducted in Rhode Island DEAL IN GOODS, WARES, MERCHANDISE AND MATERIALS OF EVERY KIND.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mary E Phelan			Vice President Name Mary Phelan		
Street Address 19 Eldred Ct.			Street Address (Same)		
City Wanfield	State RI	Zip 02879	City	State	Zip
Secretary Name Mary Phelan			Treasurer Name Mary Phelan		
Street Address (Same)			Street Address (Same)		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Same as above			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
100 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



File Date 2.22.05  
Check No. 4342  
By: 2  
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 Mary E Phelan Date 2/20/05  
Print or Type Name of Officer MARY E. PHELAN  
Title of Officer 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. <b>72685</b>		2. Name of Corporation <b>PRO-TECH DISTRIBUTORS inc</b>		
3. Street Address Principal Business Office <b>19 Eldred CT</b>		City <b>Waketfield</b>	State <b>RI</b>	Zip <b>02879</b>
4. Business Phone No. <b>789-7329</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>2618</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>DEAL IN GOODS, WARES, MERCHANDISE AND MATERIALS OF EVERY KIND.</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>Mary E Phelan</b>		Vice President Name <b>Mary Phelan</b>		
Street Address <b>19 Eldred CT</b>		Street Address <b>(Same)</b>		
City <b>Waketfield</b>	State <b>RI</b>	Zip <b>02879</b>	City	State
Secretary Name <b>Mary Phelan</b>		Treasurer Name <b>Mary Phelan</b>		
Street Address <b>(Same)</b>		Street Address <b>(Same)</b>		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>Same as above</b>		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
<b>100 NO PAR VALUE</b>			<b>100</b>	<b>Common</b>
				<b>No Par</b>

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



\* 7 2 6 8 5 \*

File Date 3.2.04  
Check No. 9091  
By: IUP  
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.

Mary E Phelan 2-29-04  
Signature of Officer Date  
Mary E Phelan  
Print or Type Name of Officer  
President Pro-Tech Dist  
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. **72685** 2. Name of Corporation **PRO-TECH DISTRIBUTORS inc**  
3. Street Address Principal Business Office **19 Eldred CT** City **Wakefield** State **RI** Zip **02879**  
4. Business Phone No. **789 7329** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Wholesale culinary Spices**

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

President Name <b>MARY E Phelan</b>	Vice President Name <b>Same</b>
Street Address <b>19 Eldred CT</b>	Street Address
City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>	City State Zip
Secretary Name <b>Same</b>	Treasurer Name <b>Same</b>
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <b>Mary E Phelan</b>	Director Name
Street Address <b>19 Eldred CT</b>	Street Address
City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>	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  
Number of Shares Class/Series Par Value  
**100 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 X 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: 3-4-03  
Check No.: 3793  
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: Mary E Phelan Date: 2-28-03  
Print or Type Name of Officer: Mary E Phelan  
Title of Officer: President



**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. **72685** 2. Name of Corporation **PRO-TECH DISTRIBUTORS inc**

3. Street Address Principal Business Office **19 Eldred CT** City **Wakefield** State **RI** Zip **02879**  
4. Business Phone No. **401 789 7329** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2618**

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

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

President Name <b>Mary E Phelan</b> Street Address <b>19 Eldred CT</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>	Vice President Name <b>Mary Phelan</b> Street Address <b>(Same)</b> City _____ State _____ Zip _____
Secretary Name <b>Mary Phelan</b> Street Address <b>(Same)</b> City _____ State _____ Zip _____	Treasurer Name <b>Mary Phelan</b> Street Address <b>(Same)</b> City _____ State _____ Zip _____

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

Director Name <b>Mary E. Phelan</b> Street Address <b>19 Eldred CT</b> City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>	Director Name <del>Mary Phelan</del> Street Address <del>(Same)</del> 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	Class/Series	Par Value
<b>100 NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No Par</b>

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



File Date: 3.11.02  
Check No.: 3450  
By: cu

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: Mary E Phelan Date: 3.1.02  
Print or Type Name of Officer: Mary E. Phelan  
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 No. **72685** 2. Name of Corporation **PRO-TECH DISTRIBUTORS Inc**  
 3. Street Address Principal Business Office **19 Eldred Ct** City **Wakefield** State **RI** Zip **02879**  
 4. Business Phone No. **401 789-7329** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2618**  
 7. Brief Description of the Character of Business Conducted in Rhode Island  
**Wholesale Spices to the Food Service Industry**

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

President Name <b>Mary E. Phelan</b>	Vice President Name
Street Address <b>19 Eldred Ct</b>	Street Address
City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

**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	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

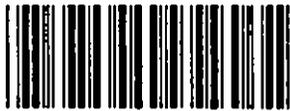
**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
 Number of Shares Class/Series Par Value  
**100 SHS NO PAR VALUE**

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

ISSUED SHARES  
 Number of Shares Class/Series Par Value  
**100 Shares, No Par**

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



\* 7 2 6 8 5 \*

File Date: 5-7-01  
 Check No.: 3092  
 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.

Mary E. Phelan 3.01.01  
 Signature of Officer Date  
Mary Phelan  
 Print or Type Name of Officer  
President Pro-Tech Distributors  
 Title of Officer



**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. **72685** 2. Name of Corporation **PRO-TECH DISTRIBUTORS inc**  
3. Street Address Principal Business Office **19 Eldred CT** City **Wakefield** State **RI** Zip **02879**  
4. Business Phone No. **401 789 7329** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2618**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Wholesale Spices**

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

President Name <b>Mary E Phelan</b> Street Address <b>19 Eldred CT</b> City <b>Wakefield RI</b> Zip <b>02879</b>	Vice President Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>
Secretary Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>	Treasurer Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>

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

Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>	Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>
Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>	Director Name <b>None</b> Street Address <b>None</b> City <b>None</b> State <b>None</b> Zip <b>None</b>

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>100 SHS NO PAR VALUE</b>		

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

ISSUED SHARES	Class/Series	Par Value
<b>100</b>	<b>Common</b>	<b>No par</b>

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



\* 7 2 6 8 5 \*

File Date: 2/15/00  
Check No.: 2754  
By: DJM

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: Mary E Phelan Date: 1.6.00  
Print or Type Name of Officer: Mary E Phelan pres  
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. **72685** 2. Name of Corporation **PRO-TECH DISTRIBUTORS Inc**  
3. Street Address Principal Business Office **19 ELDRED CT.** City **WAKEFIELD** State **RI** Zip **02879**  
4. Business Phone No. **783-6419** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**WHOLESALE - Spice Sales**

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

President Name <b>MARY PHELAN</b>	Vice President Name <b>MARY PHELAN</b>
Street Address <b>19 ELDRED CT.</b>	Street Address <b>19 ELDRED CT.</b>
City State Zip <b>WAKEFIELD RI 02879</b>	City State Zip <b>WAKEFIELD RI 02879</b>
Secretary Name <b>MARY PHELAN</b>	Treasurer Name <b>MARY PHELAN</b>
Street Address <b>SAME</b>	Street Address <b>SAME</b>
City State Zip <b>SAME RI 02879</b>	City State Zip <b>SAME RI 02879</b>

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

Director Name <b>MARY PHELAN</b>	Director Name
Street Address <b>SAME</b>	Street Address
City State Zip <b>SAME RI 02879</b>	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  
Number of Shares Class/Series Par Value  
**100 SHS NO PAR VALUE**

**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



\* 7 2 6 8 5 \*

File Date: 03-29-99

Check No.: 2464

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.

Mary Phelan 2/24/99  
Signature of Officer Date

**MARY PHELAN**  
Print or Type Name of Officer

**PRESIDENT**  
Title of Officer



**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. **72685** 2. Name of Corporation **PRO-TECH DISTRIBUTORS Inc**  
3. Street Address Principal Business Office **19 Eldred Ct** City **Wakefield** State **RI** Zip **02879**  
4. Business Phone No. **701 783 6419** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2818**

7. Brief Description of the Character of Business Conducted in Rhode Island **Wholesale Tire Related products**

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

President Name <b>Mary E Phelan</b>	Vice President Name <b>None</b>
Street Address <b>19 Eldred Ct</b>	Street Address
City <b>Wakefield</b> State <b>RI</b> Zip <b>02879</b>	City State Zip
Secretary Name <b>None</b>	Treasurer Name <b>None</b>
Street Address	Street Address
City State Zip	City State Zip

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

Director Name <b>None</b>	Director Name <b>None</b>
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  
Number of Shares Class/Series Par Value  
**100 SHS NO PAR VALUE**

**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



File Date: **12.31.98**  
Check No.: **2189**  
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: **Mary E Phelan** Date: **12.31.98**  
Print or Type Name of Officer: **Mary E. Phelan**  
Title of Officer: **President**



**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. **72685** 2. Name of Corporation **PRO-TECH DISTRIBUTORS inc**

3. Street Address Principal Business Office **19 Eldred Ct.** City **WAKEFIELD** State **RI** Zip **02879**

4. Business Phone No. **783-6419** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2618**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Auto Parts - Wholesale**

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

President Name <b>MARY Phelan</b>	Vice President Name <b>MARY Phelan</b>
Street Address <b>19 Eldred Ct.</b>	Street Address <b>same</b>
City <b>WAKEFIELD</b> State <b>RI</b> Zip <b>02879</b>	City <b>same</b> State <b>RI</b> Zip <b>02879</b>

Secretary Name <b>MARY Phelan</b>	Treasurer Name <b>MARY Phelan</b>
Street Address <b>same</b>	Street Address <b>same</b>
City <b>same</b> State <b>RI</b> Zip <b>02879</b>	City <b>same</b> State <b>RI</b> Zip <b>02879</b>

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

Director Name <b>MARY Phelan</b>	Director Name
Street Address <b>same</b>	Street Address
City <b>same</b> State <b>RI</b> Zip <b>02879</b>	City <b>same</b> State <b>RI</b> Zip <b>02879</b>

Director Name	Director Name
Street Address	Street Address
City	City

**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
<b>100 SHS</b>	<b>NO PAR VALUE</b>		<b>100</b>	<b>Common</b>	<b>NO PAR</b>

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



File Date: **3-19-97**

Check No.: **1848**

By: **TOP**

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 **MARY Phelan** Date **3-15-97**

Print or Type Name of Officer **MARY Phelan**

Title of Officer **Pres.**

# 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. 72685 2. NAME OF CORPORATION PRO-TECH DISTRIBUTORS inc

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 19 Eldred CT. CITY WAKEFIELD STATE RI ZIP CODE 02879

4. BUSINESS PHONE NO. 783-6419 5. STATE OF INCORPORATION RHODE ISLAND 6. SIC CODE 2618

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
Auto Parts - Wholesale Sales

### 8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME MARY E. Phelan VICE PRESIDENT NAME MARY Phelan

STREET ADDRESS 19 Eldred CT. STREET ADDRESS (Same)

CITY WAKEFIELD STATE RI ZIP CODE 02879 CITY (Same) STATE (Same) ZIP CODE (Same)

SECRETARY NAME Mary Phelan TREASURER NAME MARY Phelan

STREET ADDRESS (Same) STREET ADDRESS (Same)

CITY (Same) STATE (Same) ZIP CODE (Same) CITY (Same) STATE (Same) ZIP CODE (Same)

### 8. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME (Same as above) DIRECTOR NAME (Same as above)

STREET ADDRESS (Same as above) STREET ADDRESS (Same as above)

CITY (Same as above) STATE (Same as above) ZIP CODE (Same as above) CITY (Same as above) STATE (Same as above) ZIP CODE (Same as above)

DIRECTOR NAME (Same as above) DIRECTOR NAME (Same as above)

STREET ADDRESS (Same as above) STREET ADDRESS (Same as above)

CITY (Same as above) STATE (Same as above) ZIP CODE (Same as above) CITY (Same as above) STATE (Same as above) ZIP CODE (Same as above)

### 10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100 SHS	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

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: 3/11/96  
Check No: 1218  
By: [Signature]

Mary Phelan  
Signature of Officer  
MARY Phelan  
Print or Type Name of Officer  
Pres.  
Title of Officer 1/9/96  
Date

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

*PUCK # 287  
850.*

Corporate ID: 0072685 # Annual Report for the year 1994

Name of Business Entity: PRO-TECH DISTRIBUTORS 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 (401) 283 6419

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

19 Eldred Ct  
Wakefield RI 02879

Phone (401) 283 6419

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-2.1)
- Limited Liability Company (See RIGL 7-16)

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

Mary Phelan  
see below

Brief statement of the character of business conducted in Rhode Island

Distribution of Tire Repair  
Products

Date of Organization 5-26-93

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

THE NAMES OF THE OFFICERS ARE:

OFFICE	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (CN, A, D, G)	<u>Mary Phelan</u>	<u>19 Eldred Ct.</u>	<u>Wakefield RI</u>	<u>02879</u>
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (CN, A, D, G)	<u>Mary Phelan</u>	<u>Same</u>	<u>Same</u>	<u>Same</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input type="checkbox"/> SECRETARY (CN, A, D, G)	<u>Mary Phelan</u>	<u>Same</u>	<u>Same</u>	<u>Same</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (CN, A, D, G)	<u>Mary Phelan</u>	<u>Same</u>	<u>Same</u>	<u>Same</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (if Applicable):

NUMBER 100

CLASS No Par Value

SERIES

PAR VALUE OR WITHOUT PAR No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER

CLASS

SERIES

PAR VALUE OR WITHOUT PAR

Date 2-11-94

By Mary Phelan

Mary E. Phelan  
PRINT OR TYPE NAME OF OFFICER SIGNING

Pres.  
TITLE OF OFFICER SIGNING

Form 31 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 11.C.3 must be filed.

MARY E. PHELAN  
19 ELDRED COURT, P.O. BOX 624  
WAKEFIELD RI 02880

FILED

MAR 02 1994

By [Signature]



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

Corporate ID: ~~050-477-803~~ 72645 Annual Report for the year: 1995

Name of Corporation: Pro Tech Distributors 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:

Wholesale and Retail Auto  
 repair products

Phone: (401) 782-6419

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

19 Eldred Ct  
 Wakefield RI 02879

Phone: (401) 782-6419

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Mary Phelan	19 Eldred Ct	Wakefield RI	02879
VICE PRESIDENT			
SECRETARY			
TREASURER			

THE NAMES OF THE DIRECTORS ARE:

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

Date: 9-19, 1995

By: Mary Phelan  
 MARY E PHELAN  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
 PRES.  
 TITLE OF OFFICER SIGNING

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.

FILED  
 OCT 6 2 1995  
 By 0997