



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 121584 2. Name of Corporation Candeias Auto Service, Inc.
3. Street Address Principal Business Office 35 Cedar St City Pawtucket State RI Zip 02860
4. Business Phone No 401 726 9272 5. State of Incorporation RHODE ISLAND 6. SIC Code 3558
7. Brief Description of the Character of Business Conducted in Rhode Island
REPAIR AND SERVICE MOTOR VEHICLES

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

President Name			Vice President Name		
Dimas Candeias			Dimas Candeias		
Street Address			Street Address		
48 Countryside Drive			48 Countryside Drive		
City	State	Zip	City	State	Zip
No. Providence	RI	02904	No. Providence	RI	02904
Secretary Name			Treasurer Name		
Dimas Candeias			Dimas Candeias		
Street Address			Street Address		
48 Countryside Drive			48 Countryside Drive		
City	State	Zip	City	State	Zip
No. Providence	RI	02904	No. Providence	RI	02904

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

Director Name			Director Name		
Dimas Candeias			Dimas Candeias		
Street Address			Street Address		
48 Countryside Drive			48 Countryside Drive		
City	State	Zip	City	State	Zip
No. Providence	RI	02904	No. Providence	RI	02904
Director Name			Director Name		
Street Address			Street Address		
City			City		
State	Zip	State	Zip	State	Zip

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

AUTHORIZED SHARES
Number of Shares Class Series Par Value
500 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class Series Par Value
None COMMON NONE

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



1 2 1 5 8 4

121584 DBC 09/08/05 10:00:45 AM
File Date 9/12/05
Check No 1391
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

Dimas Candeias 9/9/05
Signature of Officer Date
Dimas Candeias
Print or Type Name of Officer
President
Title of Officer



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. 121584		2. Name of Corporation CANDEIAS AUTO SERVICE, INC.			
3. Street Address Principal Business Office 48 Countryside Drive			City N. Providence	State RI	Zip 02904
4. Business Phone No. 401-726-9272		5. State of Incorporation Rhode Island			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Automobile Service and Repair					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dimas Candéias			Vice President Name		
Street Address 48 Countryside Drive			Street Address		
City N. Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Dimas Candéias			Treasurer Name Dimas Candéias		
Street Address 48 Countryside Drive			Street Address 48 Countryside Drive		
City N. Providence	State RI	Zip 02904	City N. Providence	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dimas Candéias			Director Name		
Street Address 48 Countryside Drive			Street Address		
City N. Providence	State RI	Zip 02904	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 checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	Common	NO PAR	500	Common	NO PAR

RECEIVED
MAY 10 2004
STATE

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

FILED

File Date MAY 10 2004
Check No. By KMC
By: C30693
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 Dimas Candéias 5/10/04
Signature of Officer, Date
Dimas Candéias
Print or Type Name of Officer.
President
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. <u>121584</u>		2. Name of Corporation <u>CANDEIAS Auto Service, Inc.</u>			
3. Street Address Principal Business Office <u>48 Countryside Drive</u>			City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</u>
4. Business Phone No. <u>401-726-9272</u>		5. State of Incorporation <u>Rhode Island</u>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Automobile service and repair</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Dimas Candeias</u>			Vice President Name		
Street Address <u>48 Countryside Drive</u>			Street Address		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Secretary Name <u>Dimas Candeias</u>			Treasurer Name <u>Dimas Candeias</u>		
Street Address <u>48 Countryside Drive</u>			Street Address <u>48 Countryside Drive</u>		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</u>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Dimas Candeias</u>			Director Name		
Street Address <u>48 Countryside Drive</u>			Street Address		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</u>	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
<u>500</u>	<u>Common</u>	<u>NO PAR</u>	<u>500</u>	<u>Common</u>	<u>NO PAR</u>

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
MAY 10 1 12 PM '04

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

FILED

MAY 10 2004

By Kane

C 30693

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.

Dimas Candeias 5/10/04
Signature of Officer Date

Dimas Candeias
Print or Type Name of Officer

President
Title of Officer

File Date _____
Check No. _____
By: _____
FOR SECRETARY OF STATE USE ONLY



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <u>121584</u>		2. Name of Corporation <u>CANDEIAS AUTO SERVICE, Inc.</u>			
3. Street Address (Principal Business Office) <u>48 Countryside Drive</u>			City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</u>
4. Business Phone No. <u>401-726-9272</u>		5. State of Incorporation <u>Rhode Island</u>		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island <u>Automobile Service and Repair</u>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>Dimas Candeias</u>			Vice President Name		
Street Address <u>48 Countryside Drive</u>			Street Address		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip
Secretary Name <u>Dimas Candeias</u>			Treasurer Name <u>Dimas Candeias</u>		
Street Address <u>48 Countryside Drive</u>			Street Address <u>48 Countryside Drive</u>		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</u>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <u>Dimas Candeias</u>			Director Name		
Street Address <u>48 Countryside Drive</u>			Street Address		
City <u>N. Providence</u>	State <u>RI</u>	Zip <u>02904</u>	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
<u>500</u>	<u>Common</u>	<u>NO PAR</u>	<u>500</u>	<u>Common</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

MAY 10 2004

By Kmc

C-30693

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 Dimas Candeias 5/10/04
Signature of Officer Date

Dimas Candeias
Print or Type Name of Officer

President
Title of Officer

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY