

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

Matthew A. Brown, Secretary of State

Office of the Secretary of State

Corporations Duisem 100 North Main Street Providence, RI 02903-1335

vidence, RI 02903-1335 401-222-3040

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

(FORM MUST BE TYPED OR F	PRINTED IN BLACK)						
1 Corporate ID No <b>63089</b>	2 Name of Corpo Ernie's Aut	o Care Center, Inc.					
3 Street Address Principal Busin		<del></del>	City	State	Zψ		
84 Danielson P	ike		North Scitua	ate RI	02857		
4. Business Phone No		5 State of Incorporate		· · · · · · · · · · · · · · · · · · ·	5-\$IC Code		
401.647.9030 RHODE ISLAND		ID		8953			
7 Brief Description of the Chard TO CONDUCT AND C	CARRY ON THE BUS	ed in Rhode Island INESS OF AUTOMOTIVE	REPAIRS AND RELATED BI	USINESS	•		
8. NAMES AND ADDRESS	SES OF THE OFFIC	ERS: ("X" BOX FOR A	<i>ITACHMENT)</i> — [] FILL I	N SPACES BEFORE USIN	G ATTACHMENTS		
President Name			Vice President Name				
Ernest Muccio			None_	None_			
Street Address 84 Danielson P	ike		Street Address				
Cit)	State	$Z_{i}p$	Cit;	State	Z/p		
North Scituate	RI	02857	······································				
Secretary Name			Deasurer Name				
Ernest Muccio			Ernest Mucc	io			
Street Address			Street Address				
84 Danielson P			84 Danielson	<del></del>			
Cap North Caithata	State	Zip	Cuv	State .	Zφ		
North Scituate 9. NAMES AND ADDRESS		02857	North Scitua		02857		
Director Name	SES OF THE DIKE	TORS: ( X BOX FOR	Director Name	. IN SPACES BEFORE US	ING ATTACHMENTS		
Street Address			Street Address				
Care	State	Zφ	City	State	Zφ		
Director Name	L	J	Director Name	······································			
Street Address		<u> </u>	Street Address				
City	State	Zψ	City:	State	Zip		
10. SHARES AUTHORIZE AUTHORIZED SHARES	 ED <i>("X" BOX FOR</i>	 ATTACHMENT) [	11. SHARES ISSUED	) ("X" BOX FOR ATTAC	 HMENT) []		
Number of Shares	Class/Series	Par Value	Number of Shares	Class Sones	Par Value		
			Comment of march	Caces in race	1 547 16666		
2.000 NO PAR VALUE			1,000	common			
		*					
This report must	be signed in ink by	either the President, Vic	e President, Secretary, Assi	stant Secretary, Treasurer	, Receiver or Trustee		
1 18							
	<b>'8</b>						
111			Under penalty of	perjury, I declare and affirm	that I have examined this rep		
		<del></del>			atements, and that all stateme		
,	2105		contained herein	are true and correct.			
File Date / -2/-05 / 25-//		Emis	Trucal	1-505			
	125/1		Signature of Office	7	Date		
Check No		_	Ernest Mu	ıccio			
h	$\mathcal{L}$		Print or Type Nam				
By	<u></u>	_	President	•			
FOR SECRETARY OF	F STATE USE ONLY			-	<del></del>		
			Title of Officer		Form 630 Rev. 12/03		



# 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

Corporate ID No.	2. Name of Corpo	attion		<del>-</del>	<del></del>		
63089	Ernie's Au	to Care Center, Inc.					
Street Address Principal Business (	Office	, + + + · · · · · · · · · · · · · ·	City	State	Zip		
84 Danielson Pi	.ke		North Scituate	RI	02857		
Business Phone No.		5. State of Incorporat	lon		6. SIC Code		
401.647.9030		RHODE ISLA	ND		8953		
Bruf Description of the Character TO CONDUCT AND CA			E REPAIRS AND RELATED BUSINE	ss			
NAMES AND ADDRESSES	OF THE OFFIC	ERS: ("X" BOX FOR A	TTACHMENT)     FILL IN SPA	CES BEFORE USING	ATTACHMENTS		
esident Name			Vice President Name				
Ernest Muccio			None				
ret Address			Street Address				
84 Danielson Pi	.ke			<u> </u>			
ity	State	Zip	City	State	Zip		
North Scituate   RI   02857			Treasurer Name	Treasurer Name			
Ernest Muccio			Ernest Muccio				
Invel Address			Street Address	Street Address			
<u>84 Danielson Pi</u>	.ke		84 Danielson Pi	84 Danielson Pike			
ity	State	Zip	City	State	Zip		
North Scituate NAMES AND ADDRESSES	RI OF THE DIREC	02857 Tors: <i>("x" box for</i>	North Scituate ATTACHMENT) ☐ FILLIN SE	RI ACES BEFORE USI	02857 NG ATTACHMENTS		
irector Name			Director Name				
rret Address			Street Address	Street Address			
ity	State	Zip	City	State	Zip		
			·				
Director Name			Director Name	Director Name			
	Street Address			Street Address			
net Address			City	State	Zip		
net Address	State	Ζιρ			1		
0. SHARES AUTHORIZED			11. SHARES ISSUED ("X"	BOX FOR ATTACH	IMENT) 🗌		
ity  0. SHARES AUTHORIZED  IЛНORIZED SHARES	("X" BOX FOR		11. SHARES ISSUED ("X"	· –			
uy			11. SHARES ISSUED ("X"	BOX FOR ATTACH	Par Value		
ity  0. SHARES AUTHORIZED  IЛНORIZED SHARES	("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X"	· –			

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

File Date	1-12-04
Check No.	11674
By:	9
1	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I including any accompanying schedules and stateme	
contained herein are true and correct.  Muca D	1-2-04
Signature of Officer	Date
Ernest Muccio	<u> </u>
Print or Type Name of Officer	
President	
Title of Officer	



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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1 Corporate ID No. 2. Name of Corporation 63089 Ernie's Auto Care Center, Inc. 3. Street Address Principal Rusiness Office 84 Danielson Pike North Scituate RI 02857 4. Business Phone No. 5. State of Incorporation 6 SIC Code 401.647.9030 8953 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island To conduct and carry on the business of automotive repairs and related business and any other lawful purpose. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Ernest Muccio None Street Address Street Address 84 Danielson Pike State Zip North Scituate RI 02857 Secretary Name Treasurer Name Ernest Muccio Ernest Muccio Street Address Street Address 84 Danielson Pike 84 Danielson Pike 7.10 City State Zip North Scituate RΙ 02857 North Scituate RΙ 02857 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 State City Zip Director Name Director Name Street Address Mreet Address City State City Lip State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Senes Par Value 2.000 NO PAR VALUE 1,000 common none

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

	* 6 3 0 8 9 *
File Date:	000.03
Check No.:	10894
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.

Signature of Officer

Date

Ernest Muccio

President

Title of Officer

Form 630 - 12/02



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 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1. Corporate 1D No. 2. Name of Corporation 63089 Emie's Auto Care Center, Inc. 3. Street Address Principal Business Office City 84 Danielson Pike 02857 North Scituate RΙ 4. Business Phone No. 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 8953 401.647.9030 7. Brief Description of the Churacter of Business Conducted in Rhode Island To conduct and carry on the business of automotive repairs and related business and any other lawful purpose. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Ernest Muccio None Street Address Street Address 84 Danietson Pike State State ZIP North Scituate RI 02857 Secretary Name Treasurer Name Ernest Muccio Ernest Muccio Street Address Street Address 84 Danielson Pike 84 Danielson Pike City Zip City North Scituate RI 02857 North Scituate RΙ 02857 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 2.10 State 7,10 Director Name Director Name Street Address Street Address City State Zip State Zip 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Por Value Number of Shares Class/Series Par Value 2,000 NO PAR VALUE 1,000 common none

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



File Date:	2-15-02	
Check No :	10x136	
	2.	
By: FOR SECRETAR	Y OF STATE USE ONLY	

Under penalty of perjury, 1 declare and affirm that 1 have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

-Emily	( sure a)	4-5-02
ilgnature of Officer	/	Date

Ernest Muccio
Print or Type Name of Officer

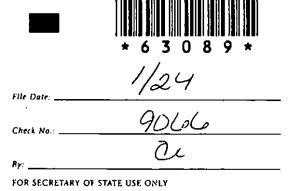
President Title of Officer

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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January	1-March 1 •	Filing Fee: \$50.00			INSTRU
FORM MUST BE TYPED IN BLAC . Corporate ID No.	CK)  2. Name of Corporal	tion.			
63089		uto Care Cente	r, Inc.		
3. Street Address Principal Business (	Office		City	State	Zip
84 Danielson Pi Business Phone No. 401.647.9030	ke	5. State of Incorporatio RHODE ISLA		te RI	02857 * <b>8953</b>
	of Business Conducted I.	n Rhode Island			
B. NAMES AND ADDRESS President Name  Ernest Muccio  treet Address	SES OF THE OFFI	To coned business a CERS (*X* BOX FOR ATT)	duct and carry nd any other la ACHMENT) FILL IN SPACE Vice President Name None Street Address	on the busine wful purpose.	SS OF AUTO-
84 Danielson Pi	LKE State	Zip	. City	State	Zip
North Scituate	RI	02857	.,	•	
ecretary Name	•	•	Treasurer Name		•
Ernest Muccio			Ernest Mucci	0	
84 Danielson Pi	_		84 Danielson	Pike	
North Scituate	State RI	02857	North Scitua	te RI	<sup>zip</sup> 02857
D. NAMES AND ADDRESS Director Name	SES OF THE DIRE	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPAC	CES BEFORE USING ATT	TACHMENTS
NONE			Street Address		
Clty	State	Zip	City	- State	Zip
Director Name		· · ·	Director Name	··· · · ·	• •
treet Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZEI	) ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	rr)
Sumber of Shares	Class/Serles	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS NO PAR	VAL		1,000	common	none

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.

mui sway	1-1-01
Signature of Officer	Date

President Title of Officer



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

2000

STOP PLIME 8 40 PARECE HOAS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 63089 2 Name of Corporation Ernie's Auto Care Center, Inc. 3. Street Address Principal Business Office State North Scituate RI 02857 84 Danielson Pike 4. Business Phone No 6. 895gr RHODE ISLAND 401.647.9030 7. Brief Description of the Character of Business Conducted in Rhode Island To conduct and carry on the business of automotive repairs and related business and any other lawful purpose. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name None Ernest Muccio Street Address Street Address 84 Danielson State Zio City Mate Zip 02857 North Scituate RI Treasurer Name Secretary Name Ernest Muccio Ernest Muccio Street Address Street Address 84 Danielson Pike 84 Danielson Pike North Scituate RI02857 RΙ 02857 North Scituate 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name NONE Street Address Street Address City Zip State City State 210 Director Name Director Name Street Address Street Address City State City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shures Class/Series Par Value Class/Series Par Value 2,000 SHS NO PAR VAL

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

1000



File Date _	1-10-00	
Check No.:	8167	
By:	AMF	
FOR SECRE	TARY 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.

common

none

Smoth Mure of Officer Date

Ernest Muccio
Print or 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

-March 1 • Fil	in in UAL REP ling Fee: \$50.00	OKI FOR THE	YEAR 1333	PLE ASE REAL ENSURECTION
k)				
2. Name of Corporation Ernie's Auto Co	are Center, Inc.		•	
ne ike		City North Scituate	State RI	<sup>21p</sup> 02857
f Business Conducted in Rho	5. State of Incorporation RHODE ISLAND de Island TO CONG	act and carry on	the business	6. SIC Code <b>8953</b> Of
air and rela	ted business	and any other la	awful purpose	•
ES OF THE OFFICER	RS ("X" BOX FOR ATTACHN	MENT) FILL IN SPACES BEFO Vice President Name None	ORE USING ATTACHME	ENTS
ike		Street Address		
State RI	02857	City	State	Zip
		Treasurer Name Ernest Muccio	• • • • • • • • • • • • • • • • • • • •	••• • ••• • •
ike		84 Danielson Pil	ke	
State RI	02857	City North Scituate	State RI	02857
S OF THE DIRECTO	ORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BE Director Name	EFORE USING ATTACHI	MENTS
		Street Address		
State	Zíp	City	State	Zip
		Director Name		• • • • • • • • • •
		Street Address		
State	Zip	City	State	Zip
(*X* BOX FOR ATTACHM	(ENT)	11. SHARES ISSUED (*X* BO	OX FOR ATTACHMENT)	
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>NL</b>		1000	Common	None
	- March 1 • File  2. Name of Corporation Ernie's Auto Carrie's Auto Carrie's Auto Carrie's Auto Carrie's Auto Carrie's Auto Carrie's Conducted in Rho air and rela  2. Name of Corporation  [Rusiness Conducted in Rho air and rela  2. SOF THE OFFICER  2. A Carrie RI  3. SOF THE DIRECTO  3. State  State  State  State  C'x* BOX FOR ATTACHM  Class/Series	-March 1 • Filing Fee: \$50.00  2. Name of Corporation Ernie's Auto Care Center, Inc.  fice i.ke  5. State of Incorporation RHODE ISLAND  Rusiness Conducted in Rhode Island To conducted in and related business  ES OF THE OFFICERS (*X* BOX FOR ATTACH)  i.ke  State RI  2ip 02857  State State RI  2ip 02857  State  Zip 5. SOF THE DIRECTORS (*X* BOX FOR ATTACC)  State  Zip  State  Zip  C'X* BOX FOR ATTACHMENT)  Class/Series  Par Value	Amarch 1 • Filing Fee: \$50.00  2. Name of Corporation Ernie's Auto Care Center, Inc.  File  1. North Scituate  3. State of Incorporation RHODE ISLAND  1. Business Conducted in Rhode Island To Conduct and carry on air and related business and any other least of the President Name None  3. State Of The Officers (*x* BOX FOR ATTACHMENT)  3. State RI  3. State RI  4. Dear of City  The assuret Name Ernest Muccio Street Address  3. State RI  5. State RI  6. State RI  7. State RI  6. State RI  7. State RI  6. State RI  7. State RI  7. State RI  7. State RI  7. State RI  8. Stat	2. Name of Carporation Ernie's Auto Care Center, Inc.  Fire Ernie's Auto Care Center, Inc.  Fire Exhibe's North Scituate RI  State RI  State of Incorporation RHODE ISLAND  FIRMINGS Conducted in Rhode Island To conduct and carry on the business air and related business and any other lawful purpose air and related business and any other lawful purpose  Exhibe State RI  City State  City State  Street Address  State RI  Director Name  Street Address  State Zip City State  Director Name  Street Address  State Zip City State  City

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 correct.

Signature of Officer

Ernest Muccio

President

Title of Officer

Print or Type Name of Officer



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

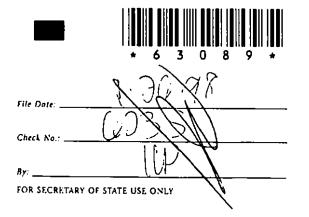
### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

renou. juntuary 1-maren 1	•	Filing Fee: \$30.00
(FORM MUST BE TYPED IN BLACK)		

1. Corporate ID No. <b>63089</b>	2. Name of Corporation  Ernie's Auto C	are Center, Inc.			
3. Street Address Principal Business Of 84 Danielson F	Mice	·	City North Scituate	State RI	<sup>21p</sup> 02857
4. Business Phone No. 401-647-9030		5. State of Incorporation RHODE ISLAN			6. SIC Code _ <b>8953</b>
automotive repair	and relate	d business a	duct and carry on and any other lawi	the business Ful purpose.	of
8. NAMES AND ADDRESSE President Name Ernest Muccio	ES OF THE OFFICE	RS ("X" BOX FOR ATTAC	CHMENT)  Vice President Name  None		
Street Address 84 Danielson Pi	ke	•	Street Address		
City  North Scituate	State RI	zip 02857	City	State	Zip ·
Secretary Name Ernest Muccio		•	Trasurer Name Ernest Muccio		
Street Address 84 Danielson Pi	lke		Street Address 84 Danielson P	ike	
North Scituate	State RI	02857	North Scituate	State RI	<sup>Zip</sup> 02857
9. NAMES AND ADDRESSE Director Name	S OF THE DIRECT	ORS ("X" BOX FOR ATT	ACHMENT) Director Name		
None 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 ATTACHN	AENT)	11. SHARES ISSUED ("X" B	OX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 SHS NO PAR VA	AL		1000	Common	None

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

1000



Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Common

I Emest merca	
Signature of Officer	Date
Ernest Muccio	
Print or Troe 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 1D No.

2. Name of Corporation

63089

Number of Shares

2,000 SHS NO PAR VAL

Ernie's Auto Care Center, Inc.

3. Street Address Principal Business Of 84 Danielson P	ike			city North	Scituate	State RI	Zip	02857
1. Business Phone No. 401-647-9030			S. State of Incorporation RHODE ISLAND	•				IIC Code <b>3953</b>
. Brief Description of the Character of repair and rela	Business ated	Conducted in Rhode business	island To conduct and any oth	t and er law	carry on tage	he bus:	iness of	automotive
B. NAMES AND ADDRESSE President Name Ernest Muccio								
illeet Address 84 Danielson Pi	ke			Street Address				
North Scituate eccetary Name	State	RI	<sup>Zip</sup> 02857	City Treasurer Nam	<b>.</b> .	State	Zip	
Ernest Muccio  Greet Address  84 Danielson Pi	.ke			Street Address	t Muccio nielson Pi	.ke		
North Scituate	State	RI	02857	City	Scituate	State RI	Zip	02857
D. NAMES AND ADDRESSE Director Name None	SOFT	THE DIRECTO	RS (*X* BOX FOR ATTACI	HMENT) Director Nume	,			
treet Address				Street Address	-			
Tity	State	,	Zip	City		State	ZIp	
Director Name		•	•	Director Name				• .
treet Address				Street Address				
City	State	;	7.1p	City		State	Zip	
O. SHARES AUTHORIZED	AND I	SSUED (*X* BO)	X FOR ATTACHMENT)	ESCURETA SMADES				

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

Number of Shares

None

	* 6 3 0 8 9 *	
File Date:	1/16/97	
Check No.:	5370	
By: OR SECRETARY O	F STATE USE ONLY	

Class/Series

Par Value

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

Ernest Muccio Filat or Type Name of Officer

Class/Series

President

Title of Officer



Par Value

#### **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

1. CORPORATE ID NO	2. NAME OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.		
63089	Frnie	's Auto Care Ce	nhom Inc		
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE		3 Auto Care Ce	an a	STATE	77 COOE
84 Danielson P	ike		North Scituate		1 02857
401-647-9030		S. STATE OF WICORPORATION RHODE I	SLAND		6 SC COOE 1 6953
To conduct and and any other	carry on lawful_pur	the business pose.	of automotive rep	air and r	elated business
RESIDENT NAME	B. NA	MES AND ADDR	ESSES OF THE OFFI	CERS	
Ernest Muccio			None		
STREET ADDRESS	•••		STREET ADDRESS		<del></del>
84 Danielson P	ike Tsiāie	ZIP COOE	1 • ary		
North Scituate	1	02857	! 1	STATE	ZP COOE
Ernest Muccio			REASURER NAME Ernest Muccio		
84 Danielson P.	ike !siate		84 Danielson P	ike	
North Scituate	1 - '	2P COOE 02857	, orth Scituate		□ 0.2857
DIRECTOR NAME	9. MA	MES AND ADDR	DRECTOR NAME	C T O A S	
TREET ADDRESS	<del></del>		STREET ADDRESS	<del></del>	
Y	Lange -				
	STATE	ZIP CŌĐE	CITY	STATE	ZIP CÓDE
IRECTOR NAME			DIRECTOR NAME		
TREFT ADDRESS	·		STREET ADORESS		
лү	STATE	2P C00E	an	STATE	ZIP CODE
2.2.2.3	1 0 . S Authorized Shares	HARES AUTHOR	IZED AND ISSUED	ISSUED SHARES	
MUMBER OF SHARES	CLASS / SERTES	PAR VALUE	MUMBER OF SHARES	CLASS / SERIES	PARVALLE
2,000 SHS NO	PAR VAL		None	<del></del>	
		***************************************			
	<b></b>				1
	Thi	s report must be SIG	NED IN INK by either the	<del></del>	

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:

Check No:

Ву:

For Secretary of State U

Signature of Officer

Ernest Muccio

Print or Type Name of Officer President

Title of Officer

# 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 File Annually Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

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

Corporate ID:	Ar	inual Report for t	he year:	1995		
Name of Corporation: Ernie's Au	ito Care Cente	r, Inc.				
Business entity organized under the laws of the State of: For foreign entity, address and telephone number of princi		Business Entity is  [X] Business Co  [ ] Professiona		•		er 7-5.1)
Phone: () Address and telephone of the principal office of business e Island (Provide street address - Not P.O. Box):84_Danielson_PikeNorth_Scituate, RI 02857		Brief statement of Conductor and arry	uct and c	earry on t	he b	ousiness. ed business
Phone: (401) 647-9030						
PRESIDENT 1	HE NAMES OF THE	OFFICERS AR				
ERNEST MUCCIO	84 DANIELSON STREET ADDRES	PIKE	NORTH SO	ITUATE,	RI	02857 2000E
SECRETARY  EPONIFICE MILCOTO	STREET ADDRES		CITY/STA			ZPCODE
ERNEST MUCCIO	84 DANIELSON STREET ADDRESS	<u>s</u>	NORTH SO	TE -		02857 zecobe
ERNEST MUCCIO	84 DANIELSON HE NAMES OF THE I	- · ·		ITUATE,	RI	02857
NAME	STREET ADDRES		CITY/STA	TIE		ZIP CODE
NAME	STREET ADDRES	s -	CITY/STA			ZIP CODE
NAME	STREET ADDRES	s -	CHYSIA	.m.		ACO AIN
NUMBER OF SHARES AUTHORIZED (Rider may be attach	ed) N	UMBER OF SHARE	S ISSUED AND (	DUTSTANDING	(Rider n	nay be attached)
Number of Shares Class / Series		umber of Shares	Class	/ Series		
2000 Common						
Date February, 24 .1995		CST MUCCIO	Murc	ι ()		
Form 31 1/95	PRINT OR TYPE S	R SIGNING DOTES	IDENT			
	REGISTERED AGEN	rnbo.	E OF PROCE	<u> </u>		

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

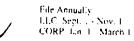
CHRISTINE J. ENGUSTIAN 1309 TURKS HEAD BUILDING PROVIDENCE RI 02903 FEB 2 7 1995

Ty 1/12 3500

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

Corporate ID:	Annual Report for t	the year:19 <u>94</u>	
Name of Business Entity:	Ernie's Au	sto Care Center, Inc.	
Business entity organized under the laws of the State of <u>RHOP</u>	Business Entity i	is (Check one):	<u> </u>
Federal Taxpayer Ideatification Number	, [XX] Busi	ness Corporation (See RIGL Chapter 7-1.1)	)
For foreign entity, address and telephone number of principal of	[ : Prote	essional Service Corporation (See RIGL Ch	apter 7-5 11
of two few civity, address and releptione number of principal of		ited Liability Company (See RIGL 7-16)	
	communications	nailing address of contact person to whom may be directed.	
· — — — — —		STINE J. ENGUSTIAN	
— <del></del>		TURKS HEAD BUILDING	
Phone:		JDENCE, RI 02903	
Address and telephone of the principal office of business entity is	in Rhode		
Island (Provide street address - Not P.O. Box):  84 DANTELSON PIKE	Brief statement o	of the character of business conducted in Rh	ode Island
NORTH SCITUATE, RI 02857	<del></del>	— — — <del>—</del>	<del></del>
	Date of Organization	1119 <u>17</u>	
Phone (401) 647-9030	Date of Qualifica	tion to do business in Rhode Island (if fore:	gn entity):
	NAMES OF THE OFFICERS AR		
The state of the s	STREET ADDRESS	CHASTATE	7 t Coine
ERNEST MUCCIO	84 DANIELSON PIKE	NORTH SCITUATE, RI	028 <u>5</u> 7
ERNEST MUCCIO	84 DANIELSON PIKE -	NORTH SCITUATE, RI	02857 Jeconi
ERNEST MUCCIO  1 CHAPTERASICAL DISELEROR XX TREASURERICHA COST	84 DANIELSON PIKE	NORTH SCITUATE, RI	<u> 02857</u> 2000:00
EPNEST MUCCIO	84 DANIELSON PIKE	NORTH SCITUATE, RI	
THE N	AMES OF THE DIRECTORS AR	<u>RE:</u>	<u>0285</u> 7
	STREET ACCURESS	CD STATE	ZIF COUL
AMF	STRUCT ADDRESS	311167113	ZEPTÜDE
-AMI'	STREET ADDRESS	C.DYS(AH.	71º COPE
SUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHAE	RES ISSUED AND OUTSTANDING (I) A	- <u>-</u>
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2000	NUMBER		
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Date reb 18 19 _94	By: Ement B. A	mucy 0	
	ERNEST MUCCIO	·. — ·— ·— ·—	
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and grade the second se			

CHRISTINE J. ENGUSTIAN 1309 TURKS HEAD BUILDING PROVIDENCE RI 02903

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 0053089

Corporate ID	008308	<u> </u>	Annual	Report for the yea	r1993
FIRST:	The name of the co	orporation is	Ernie's	Suto Care Ce	nter. Inc.
SECOND	: It is incorporated	d under the laws of	RHODE ISLAN	D	
THIRD:	Character of busin	ness, briefly stated, is	TO CONDUCT	& CARRY ON THE	BUSINESS OF AUTOMO
TIVE REP					
<b>Г</b> іғтн:	Business address in	Rhode Island130	9 TURKS HEAD BU	ILDING. PROVIDE	NCE, RI 02903
Ѕіхтн:	Names and address	ses of its directors ar		ddress (including number, s	(Attach rider if necessary)
************************		Director	••••••••••••••••••••••••		
•••••••••••	*******************************	Director	•••••••••••	······································	•••••
***************************************		Director	***************************************	••••••	
ERNEST MUC	CCIO	President	84 DANIELS	ON PIKE, NORTH	SCITUATE, RI 02857
ERNES	Y MUCCIO	Vice Presid	dent		
ERNEST MUC	CCIO	Secretary	SAME AS A		
ERNEST MUC	CIO	Treasurer	SAME AS A	ABOVE	
SEVENTH	: Number of Shar	es authorized:			Par Value
No. of Sha	ares	Class	Series	PAID	or statement that shares are without par value
200	00	COMMON		FEB 1 8 1993	NO PAR VALUE
Еіднтн:	Number of Shares	s issued:		SEC'Y OF STAT	Par Value
No. of Sha	arcs	Class	Series	SEUY OF 31111	or statement that shares are without par value
Dated JAN	IUARY 26,	19 .93	(Name of Corporation)	CARE CENTER, 1	nc.
(Re	port must be signed by	an officer)	Title PRESIDEN	,	

# State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	<u>. 0.19.709.5</u>	Annual Report f	or the year 1992
First: The name	of the corporation is	Enolois Auto	Care Center, Inc
SECOND: It is income	orporated under the laws	of RHODE ISLAND	
THIRD: Character	of business, briefly state	d, is To conduct and carry	on the business of
			rpose.
FIFTH: Business a			
	d addresses of its director	s and officers:	(Attach rider if necessary ding number, street, zip code)
	Directo	or	
	Directo	or	······
	Directo	or	
Ernie Muccio	Preside		North Scituate, R.I. 0285
	Vice Pi		
Ernie Muccio			
Ernie Muccio		rer SAME AS ABOVE	
	of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
2,000	Common	PAID	No Par Value
Еібнтн: Number o	of Shares issued:	11111 1 g 1882	Par Value
No. of Shares	Class	DECY OF STATE Series	or statement that shares are without par value
Dated March 6,	19 92	Ernie's Auto Care Cent (Name of Corporation)	er, Inc.
		By crust	mucco
(Report must be :	signed by an officer)	Title President	