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 OR PRINTED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*			
3694	CARRARA'S AUTO CLINIC, INC.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
1225 Atwood Ave.		JOHNSTON	RI	02919
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
401-942-8671	RHODE ISLAND			3953

7. Brief Description of the Character of Business Conducted in Rhode Island
VEHICLE REPAIR/ USED CAR SALES

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

President Name			*Vice President Name*		
DAVID F. CARRARA			JASON M. CARRARA		
Street Address			*Street Address*		
46 CARON WAY			46 CARON WAY		
City	*State*	*Zip*	*City*	*State*	*Zip*
N. SCITUATE	RI	02857	N. SCITUATE	RI	02857
Secretary Name			*Treasurer Name*		
JUNE M. CARRARA			JUNE M. CARRARA		
Street Address			*Street Address*		
46 CARON WAY			46 CARON WAY.		
City	*State*	*Zip*	*City*	*State*	*Zip*
N. SCITUATE	RI	02856	N. SCITUATE	RI	02857

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

Director Name			*Director Name*		
DAVID F. CARRARA					
Street Address			*Street Address*		
46 CARON WAY					
City	*State*	*Zip*	*City*	*State*	*Zip*
N. SCITUATE	RI	02857			
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*
1,000 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
1000 Shares		None

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

[redacted] [redacted]

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* 2/4/05

DAVID F. CARRARA
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

FILED

File Date MAR 02 2005

Check No. 8240

By KB

By:

FOR SECRETARY OF STATE USE ONLY

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

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.	*2. Name of Corporation*			
3694	CARRARA'S AUTO CLINIC, INC.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
1225 Atwood Ave		JOHNSTON	RI	02919
4. Business Phone No	*5. State of Incorporation*			*6. SIC Code*
401-942-8671	RHODE ISLAND			8953

7. Brief Description of the Character of Business Conducted in Rhode Island
VEHICLE REPAIR/ USED CAR SALES

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

President Name	*Street Address*	*City*	*State*	*Zip*
DAVID F. CARRARA	46 CARON WAY	N. Scituate	RI	02857

Vice President Name	*Street Address*	*City*	*State*	*Zip*
JASON M. CARRARA	46 CARON WAY	N. Scituate	RI	02857

Secretary Name	*Street Address*	*City*	*State*	*Zip*
June M. CARRARA	46 CARON WAY	N. Scituate	RI	02857

Treasurer Name	*Street Address*	*City*	*State*	*Zip*
June M. CARRARA	46 CARON WAY	N. Scituate	RI	02857

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

Director Name	*Street Address*	*City*	*State*	*Zip*
DAVID F. CARRARA	46 CARON WAY	N. Scituate	RI	02857

Director Name	*Street Address*	*City*	*State*	*Zip*
JASON CARRARA	46 CARON WAY	N. Scituate	RI	02857

Director Name	*Street Address*	*City*	*State*	*Zip*
June M. CARRARA	46 CARON WAY	N. Scituate	RI	02857

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

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
1,000 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
1000 Shares		None

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

[redacted]

* 3694 *

File Date RECEIVED
Check No. MAR 0 4 2004
By: BY

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 1/30/04

DAVID F. CARRARA
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

Form 630 Rev. 12/03

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

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.: 3694
2. Name of Corporation: CARRARA'S AUTO CLINIC, INC.
3. Street Address Principal Business Office: 1225 Atwood Ave. — City: Johnston — State: RI — Zip: 02919
4. Business Phone No.: 401 942-8671
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 8953
7. Brief Description of the Character of Business Conducted in Rhode Island: In the business of Repairing & Selling Used Automobiles

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

President Name: David F. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Vice President Name: Jason M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Secretary Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Treasurer Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

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

Director Name: David F. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Director Name: Jason M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Director Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

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

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000 SHS	No Par Value	

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

* 3 6 9 4 *

File Date: 5-30-03

Check No.: 6940

By: DL

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: 3/27/03

Print or Type Name of Officer: June M Carrara

Title of Officer: Secretary Treasurer

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

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 3694
2. Name of Corporation: CARRARA'S AUTO CLINIC, INC.
3. Street Address Principal Business Office: 1325 Atwood Ave — City: Johnston — State: RI — Zip: 02919
4. Business Phone No.: 942-8671
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 8953
7. Brief Description of the Character of Business Conducted in Rhode Island: Auto Repair / Used Car Sales

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

President Name: David F. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Vice President Name: Jason M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Secretary Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Treasurer Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

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

Director Name: David F Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Director Name: Jason M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Director Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

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

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	No Par Value	

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

* 3 6 9 4 *

File Date: 3-4-02

Check No.: 6278

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: 2/9/02

June M Carrara
Print or Type Name of Officer

Secretary / Treasurer
Title of Officer

Form 630 (2/01)

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

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 3694
2. Name of Corporation: CARRARA'S AUTO CLINIC, INC.
3. Street Address Principal Business Office: 1225 Atwood Ave. — City: Johnston — State: R.I — Zip: 02919
4. Business Phone No.:
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 8953
7. Brief Description of the Character of Business Conducted in Rhode Island: Vehicle Repair / Used Car Sales

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

President Name: David F. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Vice President Name: Jason M. Carraira
Street Address: 46 Caron Way
City: No. Scituate — State: R.I — Zip: 02857

Secretary Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Treasurer Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

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

Director Name: David F Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Director Name: Jason M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Director Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Director Name: NONE
Street Address:
City: — State: — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	SHS	NO PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	SHS	NO PAR VAL

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

[redacted]

* 3694 *

File Date: 2/27

Check No.: 5640

By: Dc

FOR SECRETARY OF STATE USE ONLY

[redacted]

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: 2/26/01

Print or Type Name of Officer: June M. Carrara

Title of Officer: Sec / Treas.

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 3694
2. Name of Corporation: CARRARA'S AUTO CLINIC, INC.
3. Street Address Principal Business Office: 1225 Atwood Ave — City: Johnston — State: RI — Zip: 02919
4. Business Phone No.: (401) 942-8671
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 8953
7. Brief Description of the Character of Business Conducted in Rhode Island: Auto Repair / Sales

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

President Name: David F. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Vice President Name: Jason M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Secretary Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Treasurer Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

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

Director Name: David F Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Director Name: Jason M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Director Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

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

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR VAL		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000 SHS		NO Par Value

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

* 3 6 9 4 *

FILED

File Date: FEB 25 2000

Check No.:

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.

June M. Carrara 2/21/00
Signature of Officer *Date*

June M. Carrara
Print or Type Name of Officer

Secretary Treasurer
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

STOP
PLEASE READ INSTRUCTIONS

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. 3694 — 2. Name of Corporation CARRARA'S AUTO CLINIC, INC.

3. Street Address Principal Business Office 1225 Atwood Ave — City Johnston — State RI — Zip 02919

4. Business Phone No. 401 942-8671 — 5. State of Incorporation RHODE ISLAND — 6. SIC Code 8953

7. Brief Description of the Character of Business Conducted in Rhode Island: Auto Repair + Auto Sales

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

President Name: David F. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Vice President Name: Jason M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Secretary Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Treasurer Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

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

Director Name: David F. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Director Name: Jason M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Director Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

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

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 SHS		NO PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000 SHS		NO PAR value

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

[redacted]

A 3 6 9 4 *

File Date: feb 11 99

Check No.: 3665

By: JD

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

June M. Carrara — 1/19/99
Signature of Officer — Date

June M. Carrara
Print or Type Name of Officer

Sec / Treas.
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
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
3694	CARRARA'S AUTO CLINIC, INC.

3. Street Address Principal Business Office	City	State	Zip
1225 Atwood Ave.	Johnston	RI	02919

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 942-8671	RHODE ISLAND	8953

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

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

President Name	Vice President Name
David F. Carrara	NONE
Street Address	**Street Address**
46 Caron Way	
City / State / Zip	**City / State / Zip**
No. Scituate RI 02857	
Secretary Name	**Treasurer Name**
June M. Carrara	June M. Carrara
Street Address	**Street Address**
46 Caron Way	46 Caron Way
City / State / Zip	**City / State / Zip**
No. Scituate RI 02857	No. Scituate RI 02857

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

Director Name	Director Name
NONE	NONE
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**
Director Name	**Director Name**
NONE	NONE
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
1,000 SHS NO PAR VAL		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000 Shares	NO	Par Value

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

* 3 6 9 4 *

File Date: 3/3/98

Check No.: 2706

By: VCR

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.

David F. Carrara 2/27/98
Signature of Officer *Date*

June M. Carrara
Print or Type Name of Officer

Sec/Treas.
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
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: **3694**

2. Name of Corporation: **CARRARA'S AUTO CLINIC, INC.**

3. Street Address Principal Business Office: 1225 Atwood Ave — City: Johnston — State: RI — Zip: 02919

4. Business Phone No.: (401) 943-8671

5. State of Incorporation: **RHODE ISLAND**

6. SIC Code: **8953**

7. Brief Description of the Character of Business Conducted in Rhode Island: Auto Repair / used Car Sales.

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

President Name: David F. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Vice President Name: Vacant
Street Address:
City: — State: — Zip:

Secretary Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Treasurer Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

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

Director Name: David F. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Director Name: None
Street Address:
City: — State: — Zip:

Director Name: June M. Carrara
Street Address: 46 Caron Way
City: No. Scituate — State: RI — Zip: 02857

Director Name: None
Street Address:
City: — State: — Zip:

10. SHARES AUTHORIZED AND ISSUED *("X" BOX FOR ATTACHMENT)*

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 SHS NO PAR VAL			NONE		

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

* 3 6 9 4 *

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.

June M. Carrara — 2/17/97
Signature of Officer — *Date*

June M. Carrara
Print or Type Name of Officer

Secretary / Treasurer
Title of Officer

File Date: 3.7.97

Check No.: 1598

By: ICP

FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.: 3694
2. NAME OF CORPORATION: CARRARA'S AUTO CLINIC, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 1225 Atwood Ave
CITY: Johnston STATE: R.I. ZIP CODE: 02919
4. BUSINESS PHONE NO.: (401) 942-8671
5. STATE OF INCORPORATION: RHODE ISLAND
6. SIC CODE: 8953
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: Auto Repairs / Used Car Sales

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: David F. Carrara
STREET ADDRESS: 46 Caron Way
CITY: No. Scituate STATE: RI ZIP CODE: 02857

VICE PRESIDENT NAME: NONE
STREET ADDRESS:
CITY: STATE: ZIP CODE:

SECRETARY NAME: June M. Carrara
STREET ADDRESS: 46 Caron Way
CITY: No. Scituate STATE: R.I. ZIP CODE: 02857

TREASURER NAME: June M. Carrara
STREET ADDRESS: ~~1225~~ 46 Caron Way
CITY: No Scituate STATE: RI ZIP CODE: 02857

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: As Above
STREET ADDRESS:
CITY: STATE: ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY: STATE: ZIP CODE:

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS	NO PAR VAL		1000		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.

June M. Carrara
Signature of Officer

Sec / Treas. June M. Carrara
Print or Type Name of Officer

as above
Title of Officer

3/1/96
Date

File Date: 4/2/96
Check No: 5199
By: CR / LP

For Secretary of State Use Only

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: 0003694 Annual Report for the year: 1995

Name of Corporation: CARRARA'S AUTO CLINIC, INC.

Business entity organized under the laws of the State of: RI

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):
1225 Atwood Ave
Johnston RI 02919

Phone: (401) 942-8671

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:
Auto Repair
Auto Sales

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT: David F. Carrara	46 Caron Way	No. Scituate RI	02857
VICE PRESIDENT: Vacant	STREET ADDRESS	CITY/STATE	ZIP CODE
SECRETARY: June M. Carrara	46 Caron Way	No. Scituate RI	02857
TREASURER: June M. Carrara	46 Caron Way	No. Scituate RI	02857

THE NAMES OF THE DIRECTORS ARE:

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

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series	Number of Shares	Class / Series
1000	Common		

Date 5/24, 1995

By: David F. Carrara
DAVID F. CARRARA
PRINT OR TYPE NAME OF OFFICER SIGNING
President
TITLE OF OFFICER SIGNING

Form 31 1/95

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

DAVID F. CARRARA
1225 ATWOOD AVENUE
JOHNSTON RI 02919

PAID
MAY 26 1995
TP 4755

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 00036934 Annual Report for the year 1994

Name of Business Entity: Carrara's Auto Clinic Inc CARRARA'S AUTO CLINIC, 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):

1225 Atwood Ave
Johnston RI 02919

Phone (401) 942-8671

Business Entity is (check one)

[✓] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

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

David F. Carrara
1225 Atwood Ave
Johnston RI 02919

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

Automotive Repair / Sales

Date of Organization ~~Dec 1979~~ 01/15/80

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

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
☐ CHIEF EXECUTIVE OFFICER OR [X] PRESIDENT (Check One)	David F. Carrara	46 Caron Way	No. Scituate RI	02857
☐ CHIEF OPERATING OFFICER OR [ ] VICE PRESIDENT (Check One)				
☐ CUSTODIAN OF RECORDS OR [X] SECRETARY (Check One)	June M. Carrara	46 Caron Way	No. Scituate RI	02857
☐ CHIEF FINANCIAL OFFICER OR [X] TREASURER (Check One)	June M. Carrara	46 Caron Way	No. Scituate RI	02857

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000
CLASS Common
SERIES
PAR VALUE OR
WITHOUT PAR

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER
CLASS
SERIES
PAR VALUE OR
WITHOUT PAR

FILED
MAR 0 8 1994
By [illegible]

Date Feb 28 19 94

By June M. Carrara
June M. Carrara
PRINT OR TYPE NAME OF OFFICER SIGNING
Sec / Treas.
TITLE OF OFFICER SIGNING

Form 3 1 94

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

DAVID F. CARRARA
1225 ATWOOD AVENUE
JOHNSTON RI 02919

Filing Fee $50.00

30187B

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

Corporate ID 0003524 Annual Report for the year 1993

FIRST: The name of the corporation is CARRARA'S AUTO CLINIC, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Repair of Motor Vehicles

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1225 Atwood Ave
Johnston, R.I. 02919

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

Name	Office	Address (including number, street, zip code)
David F. Carrara	Director	46 Caron Way No. Scituate, R.I. 02857
June M. Carrara	Director	46 Caron Way No. Scituate, RI 02857
	Director	
David F. Carrara	President	46 Caron Way No. Scituate, R.I. 02857
NONE	Vice President	
June M. Carrara	Secretary	46 Caron Way No. Scituate, R.I. 02857
June M. Carrara	Treasurer	46 Caron Way No. Scituate, R.I. 02857

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		without par value

PAID
MAR 0 1 1993
SECRETARY OF STATE

EIGHTH: Number of Shares issued:

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

Dated February 27 19 93

Carrara's Auto Clinic Inc.
(Name of Corporation)

By David F. Carrara

Title President

(Report must be signed by an officer)

Form 31 [illegible]/85

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

CA 2-19

Corporate ID 0003694 Annual Report for the year 1992

FIRST: The name of the corporation is CARRARA'S AUTO CLINIC, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is repair of motor vehicles

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1225 Atwood Ave.
Johnston, R.I. 02919

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

Name	Office	Address (including number, street, zip code)
David F Carrara	Director	46 Caron Way No. Scituate, R.I. 02857
June M Carrara	Director	46 Caron Way No. Scituate, R.I. 02857
	Director	
David F. Carrara	President	Same as above
NONE	Vice President	
June M. Carrara	Secretary	Same as above
June M. Carrara	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		without par value

PAID
FEB 2 8 1992
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

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

Dated Feb 27 1992

Carrara's Auto Clinic, Inc.
(Name of Corporation)

By David F. Carrara

Title President

(Report must be signed by an officer)

Form 31 '85

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

Corporate ID 0003694 Annual Report for the year 1991

FIRST: The name of the corporation is CARRARA'S AUTO CLINIC, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is repair of motor vehicles

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1225 Atwood Avenue, Johnston, Rhode Island 02919

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

Name	Office	Address (including number, street, zip code)
David F. Carrara	Director	46 Carol Way, North Scituate, RI 02857
June M. Carrara	Director	same as above
	Director	
David F. Carrara	President	same as above
	Vice President	
June M. Carrara	Secretary	same as above
June M. Carrara	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		without par value

Rec'd & Filed MAY 21 1991

EIGHTH: Number of Shares issued:

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

Dated January 29 19 91

CARRARA'S AUTO CLINIC, INC.
(Name of Corporation)

By [signature]

Title [signature]

(Report must be signed by an officer)

Form 31 7/85

Filing Fee $15.00

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

Corporate ID 0003694 Annual Report for the year 1990

FIRST: The name of the corporation is CARRARA'S AUTO CLINIC, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is repair of motor vehicles

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1225 Atwood Avenue, Johnston, Rhode Island 02919

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

Name	Office	Address (including number, street, zip code)
David F. Carrara	Director	46 Caron Way, North Scituate, RI 02857
June M. Carrara	Director	same as above
	Director	
David F. Carrara	President	same as above
None	Vice President	
June M. Carrara	Secretary	same as above
June M. Carrara	Treasurer	same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common		without par value

EIGHTH: Number of Shares issued:

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

Dated February 22 19 90

CARRARA'S AUTO CLINIC, INC.
(Name of Corporation)

By [signature]

Title President

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

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

Corporate ID 000 3699 Annual Report for the year 1989

FIRST: The name of the corporation is Carrara's Auto Clinic Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is repair of motor vehicles

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1225 Atwood Ave. Johnston, R.I. 02919

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

Name	Office	Address (including number, street, zip code)
David F. Carrara	Director	46 Caron Way N. Scituate RI 02857
June M. Carrara	Director	Same as above
	Director	
David F. Carrara	President	Same as above
None	Vice President	
June M. Carrara	Secretary	same as above
June M. Carrara	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		without par value

EIGHTH: Number of Shares issued:

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

Dated August 7 19 90

Carrara's Auto Clinic Inc.
(Name of Corporation)

By [signature]

(Report must be signed by an officer)

Title President

Filing fee: $15.00

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

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

CORPORATE ID# 3693 3694 **Annual Report for the year** 1988

FIRST: The name of the corporation is

CARRARA AUTO CLINIC, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to perform automotive repairs, body work, and sale of used motor vehicles and any other lawful purpose

FOURTH: If foreign corporation, address of its principal office

n/a

FIFTH: Business address in Rhode Island

376-378 Broadway, Providence, RI

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
DAVID E. CARRARA	Director	
JUNE M. CARRARA	Director	
	Director	
DAVID E. CARRARA	President	
	Vice President	
JUNE M. CARRARA	Secretary	
JUNE M. CARRARA	Treasurer	

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

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

MAR 16 1988

SEC'Y. OF STATE

EIGHTH: Number of Shares issued:

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

Dated: February 27 19 88

CARRARA AUTO CLINIC, INC.
(Name of Corporation)

By

Title Pres.

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 31 11-82

Filing Fee $15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3694 Annual Report for the year 1987

FIRST: The name of the corporation is CARRARA 'S AUTO CLINIC, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is repair of motor vehicles

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 995 Park Avenue, Cranston, RI 02910

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Peter Carrarra, Jr.	President	Rt. 2, Box 242, Chepachet, RI
David Carrarra	Vice President	Prospect St., Cumberland, RI
Diane Carrarra	Secretary	Rt. 2, Box 242, Chepachet, RI
June Carrarra	Treasurer	Prospect St., Cumberland, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		No Par

PAID

MAR 31 1987

SEC'Y. OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		No Par

MAY 13 1987

Dated 3/10 19 87

CARRARA'S AUTO CLINIC, INC.
(Name of Corporation)

By

Title

(Report must be signed by an officer)

Form 3* 1/85

Filing Fee $15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3694 Annual Report for the year 1986

FIRST: The name of the corporation is CARRARA'S AUTO CLINIC, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is repair of motor vehicles

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 995 Park Avenue, Cranston, RI 02910

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Peter Carrarra, Jr.	President	Rt. 3, Box 453 Chepachet, RI
David Carrarra	Vice President	Rt. 4 Box 639 N. Scituate, R.I.
Diane Carrarra	Secretary	Rt. 3, Box 453 Chepachet, RI
June Carrarra	Treasurer	Rt. 4 Box 639 N. Scituate, R.I.

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		No Par

PAID
APR 14 1986
SECY. OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		No Par

Dated 3/1/ 1986

CARRARA'S AUTO CLINIC, INC.
(Name of Corporation)

By

Title President

Rec'd. & Filed APR 19 1986

(Report must be signed by an officer)

Form 31 1/85

Filing Fee $15.00

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

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 3694 Annual Report for the year 1985

FIRST: The name of the corporation is CARRARA'S AUTO CLINIC, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is repair of motor vehicles

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

995 Park Avenue, Cranston, Rhode Island 02910

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

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Peter Carrarra, Jr.	President	Rt. 2, Box 242, Chepachet, RI
David Carrarra	Vice President	RT. 4 Box 639 N. Scituate R.I ~~Prospect St., Cumberland, RI~~
Diane Carrarra	Secretary	Rt. 2 Box 242, Chepachet, RI
June Carrarra	Treasurer	RT. 4 Box 639 N. Scituate R.I ~~Prospect St., Cumberland, RI~~

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		No Par

RECEIVED MAR 1985

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		No Par

Dated 2/20 19 85

CARRARRA'S AUTO CLINIC, INC.
(Name of Corporation)

By [signature]

Title Pres

(Report must be signed by an officer)

Form 31 1/85

Filing fee: $15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is CARRARRA'S AUTO CLINIC, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is repair of motor vehicles

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

995 Park Avenue, Cranston, Rhode Island 02910

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Peter Carrarra, Jr.	President	Rt. 2, Box 242, Chepachet, RI
David Carrarra	Vice President	Prospect St., Cumberland, RI
Diane Carrarra	Secretary	Rt. 2, Box 242, Chepachet, RI
June Carrarra	Treasurer	Prospect St., Cumberland, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		No Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		No Par

Dated: 2/27 19 84

CARRARRA'S AUTO CLINIC, INC.
(Name of Corporation)

By [signature]

Title Pres

(Report must be signed by an officer)

MAR 8 1984

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 31 11-82

Filing fee: $15.00

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

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is CARRARRA'S AUTO CLINIC, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island

THIRD: Character of business, briefly stated, is repair of motor vehicles

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 995 Park Avenue, Cranston, RI 02910

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Peter Carrarra, Jr.	President	Rt. 3, Box 174, Chepachet, RI
David Carrarra	Vice President	~~Prospect St., Cumberland, RI~~ RT 4 Box 639 N. Scituate R.I.
Diane Carrarra	Secretary	Rt. 3, Box 174, Chepachet, RI
June Carrarra	Treasurer	~~Prospect St., Cumberland, RI~~ RT 4 Box 639 N. Scituate R.I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	No Par	

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	No Par	

Dated: 5/11 1983

CARRARRA'S AUTO CLINIC, INC.
(Name of Corporation)

By Peter J. Carrarra Jr.

Title Pres.

(Report must be signed by an officer)

MAY 18 1983
SR

5 18 83 7279A 14 09 11 00 81

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

FORM 31 11-82

Filing fee: $15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1982

FIRST: The name of the corporation is CARRARRA'S AUTO CLINIC, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is repair of motor vehicles

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 1225 Atwood Avenue, Johnston, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Peter Carrarra, Jr.	President	Rt. 2, Box 242, Chepachet, RI
David Carrarra	Vice President	Prospect St., Cumberland, RI
Diane Carrarra	Secretary	Rt. 2, Box 242, Chepachet, RI
June Carrarra	Treasurer	Prospect St., Cumberland, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	No Par	

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	No Par	

Dated: January , 19 82

CARRARRA'S AUTO CLINIC, INC.
(Name of Corporation)

By Peter J. Carrarra Jr.

Title President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Form 31 - 10-8*

MAY 14 1982

Filing fee: $15.00

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT
OF

CARRARRA'S AUTO CLINIC, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is CARRARRA'S AUTO CLINIC, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is
1111 Industrial Bank Bldg., Providence, R.I. 02903
and the name of its registered agent in Rhode Island at such address is
Armando O. Monaco, II, Esq.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is repair of motor vehicles

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
	Director	
	Director	
	Director	
	Director	
	Director	
	Director	
Peter Carrarra, Jr.	President	Rt. 2, Box 242, Chepachet, RI
David Carrarra	Vice President	Prospect St., Cumberland, RI
Diane Carrarra	Secretary	Rt. 2, Box 242, Chepachet, RI
June Carrarra	Treasurer	Prospect St., Cumberland, RI

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
1000	Common	81 No Par	

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
1000	Common	No Par	

Dated March 20 ,1981 CARRARRA'S AUTO CLINIC, INC.
(NAME OF CORPORATION)

By Peter J. Carrara, Jr.

Its President