



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 02903-1535
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 SLACK)

1. Corporate ID No. 110093 2. Name of Corporation JRL, Inc.
3. Street Address Principal Business Office 3126 POST ROAD City WARWICK State RI Zip 02886
4. Business Phone No. 4017380020 5. State of Incorporation RHODE ISLAND 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
TO BUY, SELL AND LEASE AUTOMOBILES, TRUCKS, COMMERCIAL AND OTHER MOTOR VEHICLES, OF ANY TYPE OR DESCRIPTION, BOTH NEW AND USED.

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

President Name ROY A. LACROIX

Street Address 3126 POST ROAD

City WARWICK State RI Zip 02886

Secretary Name

ROY A. LACROIX

Street Address 3126 POST ROAD

City WARWICK State RI Zip 02886

Street Address

Treasurer Name

ROY A. LACROIX

Street Address 3126 POST ROAD

City WARWICK State RI Zip 02886

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

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Street Address

City State Zip

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 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value
100 COMMON NO PAR VALUE

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



1 1 0 0 9 3

110093 DBC 02/19/05 10:14:32 AM

File Date 02-21-05

Check No. 026237

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

ROY A. LACROIX

Print or Type Name of Officer

PRESIDENT

Title of Officer

02-18-05

Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main St.
Providence, RI 02903-11
401.222.31

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. 110093		2. Name of Corporation JRL, Inc.		
3. Street Address Principal Business Office 3126 Post Road		City Warwick	State RI	Zip 02886
4. Business Phone No. 401-738-0020		5. State of Incorporation RHODE ISLAND		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO BUY, SELL AND LEASE AUTOMOBILES, TRUCKS, COMMERCIAL AND OTHER MOTOR VEHICLES, OF ANY TYPE OR DESCRIPTION, BOTH NEW AND USED.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Joseph A. LaCroix		Vice President Name Roy A. LaCroix		
Street Address P.O. Box 1271		Street Address P.O. Box 1271		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI
Secretary Name Roy A. LaCroix		Treasurer Name Joseph A. LaCroix		
Street Address P.O. Box 1271		Street Address P.O. Box 1271		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name None		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"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 COMM NO PAR VALUE			100	Common
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
				No Par Value

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



* 1 1 0 0 9 3 *

File Date	2.3.04
Check No.	23255
By:	<i>[Signature]</i>
FOR SECRETARY OF STATE USE ONLY	

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

Signature of Officer

Joseph A. LaCroix

Print or Type Name of Officer

President

Title of Officer

01-28-04

Date

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.

110093

2. Name of Corporation

JRL, Inc.

3. Street Address Principal Business Office

3126 Post Road

City

Warwick

State

RI

Zip

02886

4. Business Phone No

401-738-0020

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Auto sales and service.

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Joseph A. LaCroix

Vice President Name

Roy A. LaCroix

Street Address

P.O. Box 1271

Street Address

P.O. Box 1271

City

West Warwick

State

RI

Zip

02893

City

West Warwick

State

RI

Zip

02893

Secretary Name

Roy A. LaCroix

Treasurer Name

Joseph A. LaCroix

Street Address

P.O. Box 1271

Street Address

P.O. Box 1271

City

West Warwick

State

RI

Zip

02893

City

West Warwick

State

RI

Zip

02893

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

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)

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

Number of Shares

Class/Series

Par Value

100

Common

No Par Value

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



* 1 1 0 0 9 3 *

File Date: 2-11-03

Check No. 20998

By: UP

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

Joseph A. LaCroix

Print or Type Name of Officer

President

Title of Officer

5

Date

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. 110093 2. Name of Corporation JRL, Inc.

3. Street Address Principal Business Office

3126 Post Road

City

Warwick

State

RI

Zip

02886

4. Business Phone No.

401/738-0020

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Auto sales and service.

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Joseph A. LaCroix

Vice President Name

Roy A. LaCroix, Jr.

Street Address

3126 Post Road

Street Address

3126 Post Road

City

Warwick

State

RI

Zip

02886

City

Warwick

State

RI

Zip

02886

Secretary Name

Roy A. LaCroix, Jr.

Treasurer Name

Joseph A. LaCroix

Street Address

3126 Post Road

Street Address

3126 Post Road

City

Warwick

State

RI

Zip

02886

City

Warwick

State

RI

Zip

02886

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

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)

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

Number of Shares

Class/Series

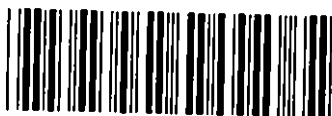
Par Value

100

Common

No Par Value

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



* 1 1 0 0 9 3 *

File Date: 2-6-02

Check No.: 13296

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

Date

Joseph A. LaCroix

Print of Type Name of Officer

President

Title of Officer

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.

110093

2. Name of Corporation

JRL, Inc.

3. Street Address Principal Business Office

3126 Post Road

City

Warwick

State

RI

Zip

02886

4. Business Phone No.

401/738-0020

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Auto Sales and Service.

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

President Name

Joseph A. LaCroix

Vice President Name

Roy A. LaCroix, Jr.

Street Address

3126 Post Road

Street Address

3126 Post Road

City

Warwick

State

RI

Zip

02886

City

Warwick

State

RI

Zip

02886

Secretary Name

Roy A. LaCroix, Jr.

Treasurer Name

Joseph A. LaCroix

Street Address

3126 Post Road

Street Address

3126 Post Road

City

Warwick

State

RI

Zip

02886

City

Warwick

State

RI

Zip

02886

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

Director Name

None

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

1,000 COMMON NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

No Par Value

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



* 1 1 0 0 9 3 *

File Date: 11/25/01

Check No.: 11416

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer

Joseph A. LaCroix

Date

Print or Type Name of Officer

President

Title of Officer