Check No.

FOR SECRETARY OF STATE USE ONLY

SPATE OF THOUSE ISLAND

AND PROPIDENCE PLANTATIONS

Office of the Secretary of State

Master A. Stown, Secretary of Stone Corporations Division

100 North Main Street, Providence: RI 02993-1535 401.222.3040

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	City 11. SHARES ISSUE! ISSUED SHARES Number of Shares	City 11. SHARES ISSUED ("X" BOX ISSUED SHARES Number of Shares	City State 11. SHARES ISSUED ("X" BOX FOR ATTACH! ISSUED SHARES Number of Shares Class/Series 100 COMMON	11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES Number of Shares Class/Scries

Print or Type Name of Officer PRESIDENT Title of Officer Form 630 12/01

09-18-05



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

'Latthew A. Brown. Secretary of State

Cortovrations D.cis 100 North Main St. Providence, RI 02903-1] 401.222.30

PROFIT CORPORATIO	N A	ANNUAL REPORT FOR THE YEAR	 2004
Filing Period: January 1 - March 1	•	Filing Fee: \$50.00	 2001

(FORM MUST BE TYPEU OR P.	RINTED IN BLACK)	1 mg 1 cc, 0,10.70						
1. Corporate ID No. 2. Name of Corporation			····					
110093	JRL, Inc.							
3. Street Address Principal Busine			City	State	Zip			
3126 Post Roa	<u>d</u>	<u> </u>	Warwick	RI	02886			
4.01 – 7.38 – 0.020 5. State of Incorporation			on		6. SIC Code			
7. Brief Description of the Character of Business Combined to the Island			ND					
DESCRIPTION ROTH	LEASE AUTOMOB	ILES, TRUCKS, COMMER(CIAL AND OTHER MOTOR VEH					
8. NAMES AND ADDRESS President Name	ES OF THE OFFI	CERS: ("X" BOX FOR A	, -	SPACES BEFORE USIN	G ATTACHMENTS			
Joseph A. LaCroix			Vice President Name					
Sinct Address			Roy A. LaCroix					
P.O. Box 1271			P.O. Box 1271					
City	State	Zip	: City	State	Zip			
West Warwick	RI	02893	West Warwick	RI	02893			
Secretary Name			Treasurer Name	·····/································	192093;			
Roy A. LaCroix	<u> </u>		<u>Joseph A. La</u> C	roix				
Street Address			Street Address					
P.O. Box 1271	 		P.O. Box 1271					
City	State	Zip	City	State	Zip			
West Warwick	RI	02893	West Warwick	RI	02893			
9. NAMES AND ADDRESS! Director Name	ES OF THE DIKE	CTORS: ("X" BOX FOR		SPACES BEFORE USI	NG ATTACHMENTS			
None			Director Name					
Street Address			Street Address	 ·				
			or tel markets					
Cin	State	Zip	City	State	Zip			
					\z\dots			
Director Name	****************	• • • • • • • • • • • • • • • • • • • •	Director Name					
Street Address			Street Address		-			
C'2		_ _						
City	State	Zip	City	State	Zip			
IO SHADES AUTHORIZES		!						
10. SHARES AUTHORIZED AUTHORIZED SHARES) ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (X" BOX FOR ATTACH	IMENT)			
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				Common	No Par Valu			
This report must be	Signed in ink by	e gither the President Visa	- Described Co					
<u> </u>	q.i.ed in mik by	Trinici inclusionimi Aidi	President Secretary Assistan	ILSecretary, Treasuror,	Receiver-or-Trustee			
	 	EIEE IN COOL						
					_			
	 							
1 (80)3) -	1 1 0 0 0		Under penalty of perj	ury, I declare and affirm th	nat I have examined this repor			
		*	contain di sergin are t	panying schedules and stat	ements, and that all statement			
File Date & . 3.04				suc and correct.	0, 20 00			
202			Stadilla dos	<u> </u>	01-28-04			
Check No	<u> </u>		Startiffe of Officer		Date			
_ 	7D .		Jaseph A.					
Ву:		_		Print or Type Name of Officer				
FOR SECRETARY OF S	TATE USE ONLY		President					
			Title of Officer					
					Form 630 Rev. 12/03			

Primard S. Inman, III, Secretary of S Corporations Divi 100 - berb Main Street, Providence, Id 02905-1, 401-222-31

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

STOR PLEASE REA INSTRUCTION

FORM MUST BE TWEEN OR OWN	Tro man	g ////			INSTRUCTION
- (FORM MUST BE TYPED OR PRIN - 1 Corporate ID No.	ITED IN BLACK) 2. Name of Corporat	ion			The state of the s
110093	JRI Inc	·va			
3. Street Address Principal Busines 3126 Post Ro	s Office		ca, Warwick	State D.T.	Zip 200 a
4 Business Phone No 401-738-0020)	5. State of Incorporation		RI	02886
7 Brief Description of the Characte Auto sales a	or of Business Conducted in and service.	RHODE ISLAN	D		
8. NAMES AND ADDRES		CERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES B	EFORE USING ATTA	CHMENTS
Joseph A. La	Croix		Roy A. LaCro	ix	
P.O. Box 127	1		Street Address		
City			P.O. Box 1271		
West Warwick		Zip	City	State	Zip
Secretary Name		02893	West Warwick	RI	02893
Roy A. LaCro	ix		Treasurer Name		
Street Address			Joseph A. LaC	roix	
P.O. Box 127	1		P.O. Box 1271		
City	State	Zip	City	State	
West Warwick	RI	02893	West Warwick	RI	Zip
9. NAMES AND ADDRESS Director Name	SES OF THE DIREC	TORS ("X" BOX FOR ATT		BEFORE USING ATT	02893
None			Director Name	and only All	ACTUMENTS
Street Address					
			Street Address		
City	State	Zip	Cit		
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Director Name			Director Name		
treet Address			Street Address		
City					
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umber of Shares	Class/Series	Par Value	ESCED SHARES		
1,000 COMM NO PAR VALU	IE		Number of Shares	Cluss/Series	Par Value
THE SOUTH NO PAR VALL	JE		100	Common	No Par Valu

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

Title of Officer

Under penalty of personal declare and affirm that I have examined this report including any accompanying schedules and statements, and that all statements conducted herein are true and correct. Signature of Painter Joseph A. LaCroix
Print or Type Name of Officer
Print or Type Name of Officer — — — — — — — — — — President

Form 630 12/02

Famord S. Inman. H. Serpan. Corporations Divin 100 North Main Street, Providence, RI 02903-13 401-222-30

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. 2. Name of Corporation 110093 JRL, inc. 3. Street Address Principal Business Office City State 3126 Post Road Zip Warwick 4. Business Phone No. RĪ 02886 5. State of Incorporation 6. SIC Code 401/738-0020 RHODE ISLAND 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 Vice President Name Joseph A. LaCroix Roy A. LaCroix, Jr. Street Address Street Address 3126 Post Road 3126 Post Road City State Zip ^{Zip} 02886 Warwick RI 02886 Warwick RI Secretary Name Roy A. LaCroix, Jr. Joseph A. LaCroix Street Address 3126 Post Road 3126 Post Road City State City State Warwick RI 02886 Warwick RI 02886 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 State 7.ip City State Zip Director Name Director Name Street Address Street Address City State Zip City State 2.1p 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES DSSUTED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series 1,000 COMM NO PAR VALUE Par Value 100 Common No Par Value

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



File Date:	2.60.02
Check No.:	13296
By:FOR SECRETARY OF STAT	<u>a</u>

Under penalty of perjust, I declare and affirm that I have examined this repart, including any adcompanying schedules and statements, and contained herein are true and correct. A. LaCroix

resident Till of Officer

Form 630 12/01

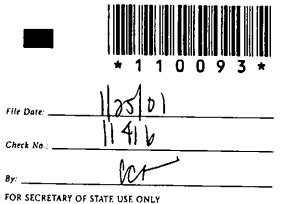
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 110093 JRL, înc. 3. Street Address Principal Business Office City State 3126 Post Road Warwick RI 02886 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 401/738-0020 7. Brief Description of the Character of Business Conducted in Rhade Island Auto Sales and Service. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Joseph A. LaCroix Roy A. LaCroix, Jr. Street Address 3126 Post Road 3126 Post Road City State Warwick RT 02886 Warwick ŔΙ 02886 Secretary Name Treasurer Name Roy A. LaCroix, Jr. Joseph A. LaCroix Street Address Street Address 3126 Post Road 3126 Post Road City State Warwick RI 02886 Warwick RI 02886 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 State Zip City State Zip Director Name Director Name Street Address Street Address City Zio City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES LISSUFED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 COMMON NO 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

Title of Officer



Under penalty of perjury, I declare an	id affirm that I have examined
this report, including thy accompany	ing schedules and statements, and
that all statements contained herein	are true and correct.
Signification of Officer	Date
Jøseph A. LaCroix	
Print Type Name of Officer President	