

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION.ANNUAL REPORT FOR THE YEAR 2005
Filing Period: January 1 - March 1 • Filing Fee: \$50.00

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|------------------------------------|-----------------------------------|--|--|------------------------|-------------------------|
| 1. Carporate 1D No. 10397 | 2. Name of Corporation SGAMBATO'S | A SEDVICE INC | | | |
| 3. Street Address Principal Busin. | | SERVICE, INC. | | | |
| 603 WOONASQUATUCKI | | | City | State | Zip |
| 4. Business Phone No. | 31 AVENUE | S Crata of the contraction | NORTH PROVIDENCE | RI | 02911 |
| 4012319761 | | 5. State of Incorporation RHODE ISLAND | | | 6. SIC Code |
| 7. Brief Description of the Chara | stee of Business Could at | | ~~ | | 3558 |
| AUTOMOBILE REPAIR | cier of business Conducte | ea in Knode Island | | | |
| 8. NAMES AND ADDRESS | ES OF THE OFFICE | CRS ("X" BOX FOR ATTA | ACHMENT) FILL IN SPACE | S REFORE LISING AT | TACHMENTS |
| 1 . resident ribine | | | Vice President Name | | |
| William Sgambato | | | .William Sgambato | | |
| Street Address | | | Street Address | | |
| 100 East Avenue | | | - 100 East Avenue | | |
| City North Providence | State | Zip | City | State | Zip |
| Secretary Name | RI | 02911 | North Providence | RI | 02911 |
| William Sgambato | | | Treasurer Name William Sgambato | | |
| Street Address | | _ | 'Sireel Address | | |
| 100 East Avenue | | | .100 East Avenue | | |
| City | State | Zip | 'City | State | (2) |
| North Providence | RI | 02911 | . North Providence | RI | Zip 02911 |
| 9. NAMES AND ADDRESS | ÉS OF THE DIRECT | ORS ("X" BOX FOR AT | TACHMENT) FILL IN SPACE | TS REFORE HEINC | TTACUSERITE |
| Director Name | | randation and district | .Director Name | IN BELOKE OBILG V | inversion 12 |
| l. | | | • | | |
| Street Address | ··· | | Street Address | | |
| | | | • | | |
| City | State | Zip | ·City | State | Zip |
| • • • • • • • • • • • • • • • • • | J., | | • | , | Ì |
| Director Name | | | Director Name | • • • • • • • • • • | • • • • • • • • • • • |
| Street Address | | | | | |
| Sireel Addiess | | • | *Street Address | | |
| City | State | Zip | .City | State | |
| • | | | • | State | Zip |
| 10. SHARES AUTHORIZE | D ("X" BOX FOR ATTA | CHMENT) | 11. SHARES ISSUED ("X" BO. | Y FOR ATTACUACIO | |
| AUTHORIZED SHARES | - 1 <u>2 2021 0 1221 22</u> | <u></u> | ISSUED SHARES | Y LOK YI IYCHWEMI | |
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| 100 COMM NO PAR VAL | .UE | | 50 | Common | No Par Value |
| | | | <u> </u> | | |
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| This report must be signed | in ink by either th | e President, Vice Pre. | sident, Secretary, Assistant | Secretary, Treasur | er, Receiver or Trustee |
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| 81 118)) 88188 11119 | iTill iEO | | | | |
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| 1 0 3 9 | /UIII /UU 7 7 | | Under monelty of position | [daal | |
| | | | Under penalty of perjury, this report, including any | i ucciare and anirm in | at I have examined |
| *10397 DBC 01/12/05 0 | 2:46:06 DM | 1 | and that all statements cor | | |
| \mathcal{D} . | 28-05 | | 1 1 | 11 | |
| File Date | -7-00 | | Hullan | Dianelit. | 7.25-05 |
| Check No. | a y o | | Signature of Officer | A. Da | ite |
| | | | William Sgamb | ato | |
| R | Le | | Print or Type Name of Office | <i>r</i> | |

President



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

Corporations Divisa. 100 North Main Stre Providence, RI 02903-13:

| | rown, Secretary of S | itate · | | | Providence, RI 02903-13; 401.222.30 | |
|--|--|--------------------------|--|----------------------|--|--|
| PROFIT CORPOR Filing Period: January 1 - Mo (FORM MUST BE TYPED OR PRINT | arch 1 • Filing | | FOR THE YEAR | 2004 | | |
| 1. Corporate ID No. | 2. Name of Corporation | _ | | | | |
| 10397 | SGAMBATO'S S | ERVICE INC | | | | |
| 3. Street Address Principal Business O | fice | ERVICE, INC. | City | State | Zip | |
| 603 Woonasquatucke | t Avenue | | North Providence | RI | 02911 | |
| 4. Bustness Phone No. | | 5 State of Incorporation | | .J <u> —</u> | 6. SIC Code | |
| (401) 231-9761 | | RHODE ISLAND | | | 3558 | |
| 7. Bruf Description of the Character of AUTOMOBILE REPAIR | f Business Conducted in R | hode Island | | | | |
| 8. NAMES AND ADDRESSES President Name | OF THE OFFICERS: | ("X" BOX FOR ATTAC | CHMENT) | CES BEFORE USING A | TTACHMENTS | |
| <u>William Sgambato</u> | | | William Sgambato | | | |
| Street Address | | | Street Address | | | |
| 100 East Avenue | T <u></u> | | 100 East Avenue | | . | |
| North Providence | State PI | <i>zip</i> 09211 | North Providence | State RI | <i>z</i> φ 02911 | |
| Secretary Nume | • | | Treasurer Name | ********** | • 4• • • • • • • • • • • • • • • • • • | |
| William Sgambato Street Address | | | William Sgambato | | | |
| 100 East Avenue | | | 100 East Avenue | | | |
| City | State | Zip | City | State | Zip | |
| North Providence | RI | 02911 | North Providence | RI | 02911 | |
| 9. NAMES AND ADDRESSES | OF THE DIRECTORS | 6: ("X" BOX FOR ATT | ACHMENT) FILL IN SP Director Name | ACES BEFORE USING | ATTACHMENTS | |
| Street Address | | | Street Address | | | |
| City | State | Zip | City | State | Zip | |
| Director Name | ······································ | J | Director Name | | .l | |
| Street Address | | | Street Address | · | | |
| City | State | Zip | City | State | Zip | |
| 10. SHARES AUTHORIZED (| '"X" BOX FOR ATTA | CHMENT) | 11. SHARES ISSUED ("X" | BOX FOR ATTACHME | ן. כלא [| |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value | |
| 100 COMM NO PAR VALUE | <u> </u> | | 50 | 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 0 3 9 7 + |
|-----------|-----------------------------|
| File Date | 70.26.6 |
| Check No. | 5403 |
| Ry: | <u> 10p </u> |
| FOR | SECRETARY OF STATE USE ONLY |

| Inder penalty of perjury, I declare and affirm the neluding any accompanying schedules and statements ontained beginning are true and sorrect. | tements, and that all statement |
|--|---------------------------------|
| Villian Similat | 23/104 |
| ignature of Officer | Date ' |
| ignature of Officer William Sgambato | |
| rint or Type Name of Officer | |
| President | |
| Title of Officer | |



FOR SECRETARY OF STATE USE ONLY

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

Form 630 12/01

| PROFIT COI | RPORATION | NANNUAL RE. Filing Fee: \$50.00 | PORT FOR THE YE | AR 2003 | |
|---|---|---------------------------------|---------------------------------|--|---|
| (FORM MUST BE TYPE | D IN BLACK) | | | | |
| 1. Corporate ID No. *10397* | | rporation TO'S SERVICE, INC. | | * | *************************************** |
| 3. Street Address Principa | | | City | State | Zip |
| 603 WOONASQUA | TUCKET AVENUE | | NORTH PROVIDENCE | RI | 02911 |
| 4. Business Phone No. 4012319761 | • | 5. State of Incorpor | | | 6. SIC Code |
| | - CI | RHODE ISLA | IND | | 3558 |
| AUTOMOBILE REPA | IR | Conducted in Rhode Island | | | |
| 8. NAMES AND ADD | RESSES OF THE C | FFICERS ("X" BOX FOR | ATTACHMENT) FILL IN SPACE | S BEFORE USING A | TTACHMENTS |
| President Name William Sgamba | | | Vice President Name | | · · · · · · · · · · · · · · · · · · · |
| Sircet Address | .00 | | .William Sgambato | | |
| 100 East Avenu | 10 | | Street Address | | |
| City | State | 19 | . 100 East Avenue | | |
| North Providen | | Z1p | City | State | Zip |
| Sccretary Name | ice iki | 02911 | North Providence | RI | 02911 |
| William Sgamba | to · | • • • | .William Sgambato | | |
| Street Address | | | Street Address | | |
| 100 East Avenu | ie | | .100 East Avenue | | |
| City | State | Zip | *City | | · |
| North Providen | | 02911 | .North Providence | State | Zip |
| ·· | —————————————————————————————————————— | L_ | PRATTACHMENT) FILL IN SPACE | RI | 02911 |
| Street Address | <u> </u> | | Director Name Sireet Address | · | |
| | | | • | | |
| City | State | Zıp | *City | State | Zip |
| Director Name | | | Director Name | |] |
| | | | 2 mail of the second | | |
| Street Address | | | Street Address | | |
| City | (State | 13: | <u> </u> | ······································ | |
| City | Siare | Zip | City | State | Zip |
| 10 CHADEC AUTHO | | | | | |
| 10. SHARES AUTHO | RIZED C'X" BOX FO | OR ATTACHMENT) _ | II. SHARES ISSUED ("X" BO | X FOR ATTACHMEN | 70 🗆 |
| AUTHORIZED SHARES Number of Shares | Class/Series | Par Value | ISSUED SHARES Number of Shares | | |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | CIMPSETIN | 1 Dr Falde | Number of Shares | Class/Series | Par Value |
| 100 COMM NO PAI | R VALUE | | 50 | common | no par valu |
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| This was and would be | at an and the fact of | | | <u> </u> | |
| inis report must be s | iign ea in in k by eii | ther the President, Vice | President, Secretary, Assistant | Secretary, Treasi | urer, Receiver or Trusi |
| | | | | | |
| 1 1 5 0 10 1 11 | iii 68188 iiii n 18111 1881 1881 | | | | |
| | | | | | |
| | JII 0 0 1 0 1 0 1 1 0 1 1 0 1 1 1 0 1 1 1 0 1 | | Under penalty of perjury, | Lideclare and affirm | that I have avamined |
| • ' | 0 3 9 7 4 | | this report, including any | | |
| *10397 DBC2/13/0 | 1312:03:41 DA4* | | and that all statements con | | |
| 4 - (| 1012.03.41 PM | | ,) / | | _ |
| File Date | <u> </u> | | William | centent | 2.28.03 |
| Check No. | 1781 | | Signature of Officer | 1 | Date |
| CARCER INO. | | <u> </u> | William Sgamb | fato | |
| _ 70 | | | Print or Type Name of Office | | |

President



Edward S. Inman, III, Secretary of Sta. Corporations Divisio 100 North Main Street, Providence, RI 02903-133 401-222-304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



| (FORM MUST BE TYPED IN BLAC | :K) | · | | | | INSTRUC | HON |
|---|------------------------------|---|-----------------------------|-------------------|------------------|----------------------------|-----|
| I. Corporate ID No. | 2. Name of Corporation | - | | | | | |
| 10397 3. Street Address Principal Business C | SGAMBATO'S S | SERVICE, INC. | City | | State | <u>.</u> . | |
| 603 Woonasquatue | cket Avenue | 5. State of Incorporation | • | Providence | | 02911 | |
| 231-9761 7. Brief Description of the Character of | of Business Conducted in Rha | RHODE ISLAND | | | | 6. SIC Code 3558 | |
| automobile repairs. NAMES AND ADDRESS | ir | | MENT) F1 Vice Preside: | | ORE USING ATT/ | ACHMENTS | |
| William Sgambato | 0 | | | lam Sgambat | to | | |
| 100 East Avenue | _ | | | East Avenue | 9 | | |
| City | State | Zip | City | _ <u>-</u> . | State | Zip | |
| North Providence Secretary Name | e RI | 02911 | Nortl Treasurer Na | n Providenc | e RI | 02911 | |
| William Sgambato | • | | Will: Street Addres | iam Sgambat | to | | |
| 100 East Avenue | | | | East Avenue | 2 | | |
| City | State | Zip | City | _ | State | Zip | |
| North Providence | | 02911 | | n Providenc | | 02911 | |
| 9. NAMES AND ADDRESSI Director Name | ES OF THE DIRECTO | ORS ("X" BOX FOR ATTAC | HMENT) Director Nam | FILL IN SPACES BE | FORE USING AT | TACHMENTS | |
| Street Address | | | Street Addres | : | | | |
| City | State | Zip | City | | State | Zip | |
| Director Name | | • • · · · · · · · · · · · · · · · · · · | Director Nam | | | | |
| Street Address | | | Street Addres. | ı | | | |
| City | State | Zip | City | | State | Zip | |
| 10. SHARES AUTHORIZED AUTHORIZED SHARES | ("X" BOX FOR ATTACHM | ENT) | 11. SHAR | ES ISSUED ("X" BC | OX FOR ATTACHMEN | TT) . | |
| Number of Shares | Class/Series | Par Value | Number of Sh | | Class/Series | Par Value | |
| 100 COMM NO PAR VALUE | | | 50 | | common | no par va | Lue |
| | | | | | | | |

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



| File Date: _ | 2.27-02 | |
|--------------|---------|--|
| Check No.: | 4085 | |
| Ву: | de | |

FOR SECRETARY OF STATE USE ONLY

| Under penalty of pe | erjury, I declare | and affirm th | hat I hav | e examined |
|-----------------------|------------------------|---------------|-----------|------------|
| this report, includi: | | | | |
| statements رthat all | | | | |
| 11/12 | \mathcal{L}^{\prime} | 1 1 | _ | |
| Willian | n)an | list | 2 | 22.00 |
| Signature of Officer | 1 | | Date | |
| | () | | | |

| P | r | e | s | i | d | e | n | t | |
|---|---|---|---|---|---|---|---|---|--|
| | | | | | | | | | |

William Sgambato
Print or Type Nume of Officer

. . .

Title of Officer

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Ferm 630 12/01

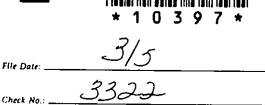
Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001



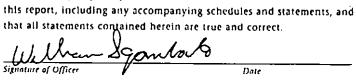
Filing Period: January 1-March 1 • Filing Fee: \$50.00

| (FORM MUST BE TYPED IN BLACE | r) | 3 7 2 5 7 5 5 5 5 | | | INSTRUCTION |
|--|------------------------------------|--|---------------------------------|-----------------------|----------------------------------|
| 1. Corporate ID No. 10397 | | SERVICE, INC. | | | |
| 3. Street Address Principal Business Of | Tice | | City | State | Zip |
| 603 Woonasquatuo 4. Business Phone No. 231-9761 7. Brief Description of the Character of | | 5. State of Incorporation RHODE ISLAND | North Providence | e RI | 09211 6. 35 5 8 |
| automobile repai | | ur 1310Hg | | | |
| 8. NAMES AND ADDRESSE President Name | | RS ("X" BOX FOR ATTACHM | (ENT) FILL IN SPACES BEFO | ORE USING ATTACHM | ENTS |
| William Sgambato | | | William Sgambato Street Address | | |
| 100 East Avenue | | | 100 East Avenue | | |
| City | State | Zip | City | State | Zip |
| North Providence | • | 02911 | North Providence Treasurer Name | RI _. | 02911 |
| William Sgambato | > | | William Sgambato Street Address | | |
| 100 East Avenue | | | 100 East Avenue | | |
| North Providence | State RI | zip 02911 | North Providence | State RI | zip 02911 |
| 9. NAMES AND ADDRESSE Director Name Street Address | S OF THE DIRECTO | ORS ("X" BOX FOR ATTAC | Director Name | FORE USING ATTACH | MENTS |
| | | | 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 ATTACHM | ENT) | 11. SHARES ISSUED (*x* BO | X FOR ATTACHMENT) | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 100 SHS NO PAR CO | | | 50 | common | no par val |
| This report must be signed | in ink by either t | he President, Vice Pre | esident, Secretary, Assistant | Secretary, Treasurer, | Receiver or Trustee |
| | 10110 (1118 10111 1081 1081 | | | | |



William S
Print or Type Name of C

FOR SECRETARY OF STATE USE ONLY



Under penalty of perjury, I declare and affirm that I have examined

William Sgambato
Print or Type Name of Officer

President
Thue of Officer

Euro 620 1200



James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-13 401-222-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

| (FORM MUST BE TYPED IN BLACK |) | | | | |
|--|---------------------------|---------------------------------|---|-------------------|----------------------|
| 1. Corporate ID No. | 2. Name of Corporation | | | | \ <u> </u> |
| 10397 | SGAMBATO'S S | ERVICE, INC. | | | |
| 3. Street Address Principal Business Off | Tice | | City | State | Zip |
| 603 Woonasquatuch | ket Avenue | 5. State of Incorporation | North Providence | RI | 02911 6. SIC Code |
| 231-9761 2. Brief Description of the Character of | Business Conducted in Rho | RHODE ISLAND | | | 3558 |
| automobile repair 8. NAMES AND ADDRESSE President Name | C S OF THE OFFICER | S (*x* box for attachi | MENT) FILL IN SPACES BEFO Vice President Name | RE USING ATTACHME | ENTS |
| William Sgambato Street Address | | | William Sgambato | | |
| 100 East Avenue | State | Zip | 100 East Avenue | State | Zip |
| North Providence Secretary Name | RI | 02911 | North Providence | e RI | 02911 |
| William Sgambato Street Address | | | William Sgambato | | |
| 100 East Avenue | State | Zip | 100 East Avenue | State | Zip |
| North Providence 9. NAMES AND ADDRESSES Director Name | RI S OF THE DIRECTO | 02911 DRS ("X" BOX FOR ATTAC | North Providence | • | 02911 |

| Street Address | | | Street Address | | |
|----------------|-----------|-----|----------------|-------|-----|
| City: | State | Zip | City | State | Zip |
| Director Name | • • • • • | • | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

Number of Shares Class/Series Par Value Number of Shares Class/Sertes Par Value

ISSUED SHARES

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

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

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FOR SECRETARY OF STATE USE ONLY

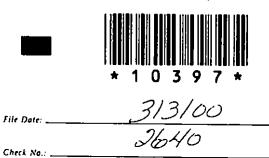
AUTHORIZED SHARES

50

common

no par valı

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



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.

William Sgambato Print or Type Name of Officer

President



James R. Langevin, Secretary of S Corporations Divi, 100 North Main Street, Providence, RI 02903-1 401-222-3

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOI PILIM REA INTRUCTIO

| ORM MUST BE TYPED IN | BLACK) | | | | |
|---|---|---|---------------------------------------|---|-------------------------|
| Corporate ID No. | 2. Name of Corpor | ation | | | |
| 10397 Street Address Principal Bus | SGAMBATO | O'S SERVICE, INC. | City | <u>-</u> | · · · · — |
| | quatucket Av | enue | North Provid | denc RI | , _{Zip} — |
| Business Phone No. | 4 44 44 44 44 44 44 44 44 44 44 44 44 4 | 5. State of Incorporat | • | | 6. SIC Code |
| 231-9761 | | Rhode Isl | land | | |
| | racter of Business Conducted | in Rhode Island | | | 3558 |
| automobile | | | | | |
| NAMES AND ADDI | RESSES OF THE OFF | ICERS ("X" BOX FOR AT | TACHMENT) FILL IN SPACE | ES BEFORE USING ATTAC | HMENTS |
| - | b | | Vice President Name | | |
| William Sga eet Address | allibato | | William Sgam | · · · · · · · · · · · · · · · · · · · | |
| 100 East A | venue | | Street Address • 100 East Ave | nue | |
| y | State | Zip | City - | State - | - - |
| North Prov. | idence RI | 02911 | North Provid | | 02911 |
| retary Name | • | • | Treasurer Name | ••••••••••••••••••••••••••••••••••••••• | |
| William Sg | ambato | | William Sgam | nbato | |
| rct Address | | | Street Address | · · · · · · · · · · · · · · · · · · | |
| 100 East A | venue | | 100 East Ave | enue | |
| y | State | 21p | City | State | ^{Zip} 02911 |
| North Prov | | 02911 | North Provid | | |
| NAMES AND ADDI | RESSES OF THE DIR | ECTORS (*X* BOX FOR | TTACHMENT) _ FILL IN SPA | CES BEFORE USING ATTA | CHMENTS |
| rctor name | | | Director Name | | |
| et Address | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | Street Address | | |
| Y | * State | Zip | -÷ City | State | TZ10 |
| | | • | | , 51416 | † 2.1p |
| ector Name | | | Director Name | ••••••••••••••••••••••••••••••••••••••• | . |
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| et Address | | • | Street Address | • • • • | |
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| | State | Zip | City | State | Zip |
| | | | <u>.</u> | | |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) | | ACHMENT) | 11. SHARES ISSUED | ("X" BOX FOR ATTACHMENT) | |
| | | | SSUED SHARES | ·= | |
| HORIZEE) SHARES | | | Number of Shares | Class/Series | 1 Par Value |
| | Class/Series | Par Value | | T: | |
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| HORIZEE) SHARES | | Par Value | 50 | common _ | no par |
| HORIZE) SHARES nber of Shares | | Par Value | 50 | common _ | no pa |
| HORIZED SHARES nber of Shares OO SHS NO PAR (| COM | · · · · · · · · · · · · · · · · · · · | 50 Te President, Secretary, As | · · · | i - |



fames R. Langevin, Secretary of St. Corporations Divisi 100 North Main Street, Providence, RI 02903-13 401-277-30

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00



| (FORM MUST BE TYPED IN BLACK |) | | | | |
|--|-----------------------------------|---------------------------------|--|--|----------------------|
| 1. Corporate ID No. 10397 | 2. Name of Corporation SGAMBATO'S | SERVICE, INC. | | | |
| 3. Street Address Principal Business Of | | • | City | State | Zip |
| 603 Woonasquatu 4. Business Phone No. | icket Avenue | S. State of Incorporation | North Providence | e RI | 02911 6. SIC Code |
| 231-9761 | | RHODE ISLAND | | | 3558 |
| 7. Brief Description of the Character of | | de Island | | | |
| automobile repa | | | | | |
| 8. NAMES AND ADDRESSE President Name | | RS ("X" BOX FOR ATTACHN | MENT) Vice President Name | | • |
| William Sgambato Street Address | | | William Sgambato | | |
| 100 East Avenue | State | Zip | 100 East Avenue | State | Zip |
| North Providence Secretary Name | RI . | 02911 | North Providence | RI | 02911 |
| William Sgambato | | | William Sgambato |) | |
| 100 East Avenue | State | Zip | 100 East Avenue | State | Zip |
| North Providence 9. NAMES AND ADDRESSE Director Name | | 02911 ORS (*x* box for attac | North Providence | | 02911 |
| Street Address | • | | Street Address | | |
| Спу | State | Zip | City | State | Zip |
| Director Name | • • | • • | Director Name | ************************************** | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10 SHAPES AUTHODIZED / | | | | | |
| 10. SHARES AUTHORIZED (AUTHORIZED SHARES | TAT BUX FOR ATTACHM | IENT) | 11. SHARES ISSUED (*X* BC) ISSUED SHARES | X FOR ATTACHMENT) | . |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 100 SHS NO PAR COM | | | 50 | common | no par |
| | | | | | |

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

| | * 1 0 3 | 7 * |
|--------------------|-------------------|----------------|
| File Date: | ·37.98 \ | M - |
| By:FOR SECRETARY C | 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 me true and correct.

cilillaria ha later

Signature of Officer Date

William Sgambato
Print or Type Name of Officer

President

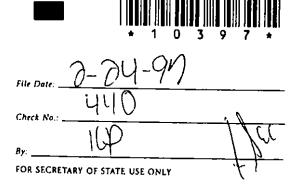


James R. Langevin, Secretary of St Corporations Divis 100 North Main Street, Providence, RI 02903-13 401-277-30

PROFIT CORPORATION ANNUAL REPORT 1997 Filing Period: January 1-March 1 • Filing Fee: \$50.00

| (FORM MUST BE TYPED IN BLACE | () | | | | | BLFORE. COMPLETING |
|---|---------------------------|---------------------------------------|--------------------------------------|---------------------|--------------|----------------------------|
| 1. Corporate ID No. 10397 | 2. Name of Corporation | SERVICE, INC. | | | | THIS TORM |
| 3. Street Address Principal Business Of | fice | · | City | | State | 710 |
| 603 Woonasquatud | cket Avenue | 5. State of Incorporation | • | Providence | | 02911 |
| 231-9761 7. Brief Description of the Character of | Business Conducted in Rhi | RHODE ISLAND | | | | 6. SIC Code 3558 |
| automobile repa: 8. NAMES AND ADDRESSE President Name | ir | | (ENT) | | | |
| William Sgambato | > | | Vice President Willia Street Address | Name Im Sgambato | 0 | |
| 100 East Avenue | State | Zip | | st Avenue | | |
| North Providence | e RI | 02911 | - | Providence | State RI | 02911 |
| William Sgambato |) | | | m Sgambato | D | |
| 100 East Avenue | State | Zip | | st Avenue | State | ` Zip |
| North Providence NAMES AND ADDRESSE | | 02911 | North | Providence | | 02911 |
| Director Name None | | ONO (A BOX FOR ATTAC) | Director Name | | | |
| Street Address | | | Street Address | - | | |
| City | State | ZIP . | City | | State | Zip |
| Director Name | • • • • • • | * * * * * * * * * * * * * * * * * * * | Director Name | • , ••• | | |
| iteet Address | | | Street Address | | | |
| Elly | State | Zip | City | | State | Zip |
| O. SHARES AUTHORIZED A | AND ISSUED (*X* B | OX FOR ATTACHMENT) | NOT TO CHARGE | | | |
| iumber of Shares | Class/Series | Par Value | Number of Sha | res | Class/Series | Par Value |
| 100 SHS NO PAR COM | | : | 50 | | common | no par val |
| | | | | | | |
| | | | | | | • |

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.

Villiani Sambate 2-11.97, 199

William Sgambato
Print or Type Name of Officer

President



PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantation James R. Langevin, Secretary of State Compositions Division

Corporations Division
100 North Main Street

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-30

Filing Period: January 1-March 1

| Filina | Foo. | \$50 | ሰሰ |
|--------|------|------|-----|
| | | | LR. |

| CORPORATE ID NO. | 2 NAME OF CORPORATION | PLEASE TYPE O | R PRINT IN BLACK INK | | |
|---------------------------------------|--|---------------------------|--|-------------------------------|--------------------|
| 10397 | SGAM | BATO'S SERVICE, | INC. | | |
| STREET ADDRESS PRINCIPAL BUSINESS O |)FFICE | | Caly | STATE | ZIP CODE |
| 603 Woonasqua | tucket Ave | nue | North Provide | ence RI | 02911 |
| USINESS PHONE NO. | | 5. STATE OF INCORPORATION | | | B. SIC CODE |
| 231-9761 | | RHODE 1 | ISLAND | | 3558 |
| REEF DESCRIPTION OF THE CHARACTER O | F BUSHIESS COMPUCTED IN RHOO | E ISLAND | | | <u></u> |
| automobile re | pair | | | | |
| SIDENT NAME | 8. N A | MES AND ADD | RESSES OF THE OF | FFICERS | |
| William Sgamb | | | VICE PRESIDENT NAME | | |
| ET ADDRESS | ato | | William Sgamb | oato | |
| 100 East Aven | uie. | | | | |
| 100 Base Aven | STATE | ZIP C00€ | 100 East Aver | TSIATE | Tro energy |
| North Provide | nce RT | 02911 | North Provide | i - | 2000ε 02911 |
| ETARY NAME | | | TREASURER NAME | THE VI | 02311 |
| William Sgamb | ato | | William Sgamb | nato | |
| ET ADDRESS | | | STREET ADDRESS | | |
| 100 East Aven | ue | | 100 East Aver | nue | |
| · · · · · · · · · · · · · · · · · · · | STATE | ZIP C000E | any | STATE | 72º CDOE |
| North Provide | nce RI | 02911 | North Provide | t - | 02911 |
| None TADDRESS | | | STREET ADDRESS | | |
| | STATE | ZIP C00€ | αιγ | STATE | 27P CODE |
| - | \$ | | 1 | | |
| TOR NAME | | | DIRECTOR NAME | | |
| | | | DIRECTOR NAME STREET ADDRESS | | |
| | | | | | |
| CTOR NAME ET ADORESS | STATE | ZIP COOE | | STATE | ZP 000€ |
| CTOR NAME | 10.5 | ZIP COOE MARES AUTHOR | STREET ADDRESS | STATE | ZP 000£ |
| ET ADDRESS | 1 0 . S | *** | STREET ADDRESS OTY I Z E D A N D I S S U E D | | ZP 000€ |
| | 10.5 | *** | STREET ADDRESS OTY | ISSUED SHARES CLASS/SERIES | ZP CODE PAR VALUE |
| TADORESS | 1 0 . S AUTHORIZED SHARES CLASS/SERIES | MARES AUTHOR | STREET ADDRESS OTY I Z E D A N D I S S U E D | ISSUED SHARES | |
| ET ADORESS MUMBER OF SHARES | 1 0 . S AUTHORIZED SHARES CLASS/SERIES | MARES AUTHOR | STREET ADDRESS OTTY 1 Z E D A N D I S S U E D MUNABER OF SHARES | ISSUED SMARES CLASS / SERIES | PAR VALUE |
| ET ADORESS MUMBER OF SHARES | 1 0 . S AUTHORIZED SHARES CLASS/SERIES | MARES AUTHOR | STREET ADDRESS OTTY 1 Z E D A N D I S S U E D MUNABER OF SHARES | ISSUED SMARES CLASS / SERIES | PAR VALUE |
| AT ADDRESS MUMBER OF SHARES | 1 0 . S AUTHORIZED SHARES CLASS/SERIES | MARES AUTHOR | STREET ADDRESS OTTY 1 Z E D A N D I S S U E D MUNABER OF SHARES | ISSUED SMARES CLASS / SERIES | PAR VALUE |

File Date: 3/1/91
Check No: 18855
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 tha all statements contained herein and true and correct

Signature of Officer

William Sgambato
Print or Type Name of Officer

President

Title of Officer

Date

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 Prir File Annually - Jan. 1 - March Filing Fee \$50.0 Make Checks Payable to: Secretary of Stat

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

| Name of Corporation: Substance and Substance Subs | Corporate ID: | 0010397 | | | Annual Report for | the year: | \$ |
|---|---------------------------------------|-------------------------|---------------|-------------|-------------------|------------------------|--|
| Business Entity is (check one): [X] Business Entity is (check one): [X] Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1) [1] Pricessional Service Corporation (See RIGL Chapter 7-5.1) Bind Statement of the character of business conducted in Rhode Island: vehicle_repair_and_towing Address and telephone of the principal office of business entity in Rhode Island (Phonote street address. Not PO Box): 146. Westiminster Street Suite 500 Providence, RI 02903 Phone: (401) 272-13172 THE NAMES OF THE OFFICERS ARE: **SIBILIT ADDRESS** **SIBILIT ADDRESS* * | Name of Corporation | SGAMEA | STAIS SEC | | • | | |
| Y Business Compression (See RIGL Chapter 7-1.1) Professional Service Corporation (See RIGL Chapter 7-5.1) | | | | | Rucinees Entity | tic (check one): | |
| Brief statement of the character of business conducted in Rhode Island: Vehicle_repair_and_towing_ Address and delephone of the principal office of business entity in Rhode Island (Provide street address. No.PO. Boy.) 146. Westmainster Street Suite 500 Providence, RI 02903 Phone (401) 272-1312 THE NAMES OF THE OFFICERS ARE: STREET ADDRESS William Sqambato 100 East Avenue, North Providence, RI 0291 William Sqambato 100 East Avenue, North Providence, RI 0291 William Sqambato 100 East Avenue, North Providence, RI 0291 William Sqambato 100 East Avenue, North Providence, RI 0291 William Sqambato 100 East Avenue, North Providence, RI 0291 William Sqambato 100 East Avenue, North Providence, RI 0291 William Sqambato 100 East Avenue, North Providence, RI 0291 William Sqambato 100 East Avenue, North Providence, RI 0291 William Sqambato THE NAMES OF THE DIRECTORS ARE: WIRET ADDRESS CITYSTATE WIRET ADDRESS CITY ADDRESS CITYSTATE WIRET ADDRESS CITY ADDRESS CITY ADDRESS | | | | | | | inter 7.1.1) |
| Brief statement of the character of business conducted in Rhode Island: Vehicle_repair_and_towing_ Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not PO. Box): 146 Westminster Street Suite 500 Providence, RI 02903 Phone: (401) 272-1312 PRESIDENT PRESIDENT STRUCTARDERSS William Sgambato 100 East Avenue, North Providence, RI 0291 William Sgambato 100 East Avenue, North Providence, RI 0291 STRUCTARDERSS William Sgambato 100 East Avenue, North Providence, RI 0291 REASONERS William Sgambato 100 East Avenue, North Providence, RI 0291 REASONERS William Sgambato 100 East Avenue, North Providence, RI 0291 REASONERS William Sgambato 100 East Avenue, North Providence, RI 0291 REASONERS William Sgambato 100 East Avenue, North Providence, RI 0291 REASONERS WILL REASONERS W | | | | | | | |
| Vehicle_repair_and_towing Address and telephone of the principal office of husiness entity in Rhode Island (Provide street address - Not PO Box; 146 Westminster Street Suite 500 Providence, RI 02903 Prone: 4011 272-1312 THE NAMES OF THE OFFICERS ARE: SURBET ADDRESS WILLIAM Sqambato 100 East Avenue, North Providence, RI 0291 William Sqambato 100 East Avenue, North Providence, RI 0291 William Sqambato 100 East Avenue, North Providence, RI 0291 William Sqambato 100 East Avenue, North Providence, RI 0291 TREASURER WILLIAM SAMBATO 100 East Avenue, North Providence, RI 0291 TREASURER WILLIAM Sqambato 100 East Avenue, North Providence, RI 0291 TREASURER WILLIAM Sqambato 100 East Avenue, North Providence, RI 0291 TREASURER WILLIAM Sqambato 100 East Avenue, North Providence, RI 0291 TREASURER WILLIAM Sqambato 100 East Avenue, North Providence, RI 0291 TREASURER WILLIAM Sqambato 100 East Avenue, North Providence, RI 0291 TREASURER AVENUE, NORTH PROVIDENCE, RI 0291 THE NAME STREET ADDRESS CITYOTATE 20 CONTACT WANDE STREET ADDRESS CITYOTATE 20 CONTACT NAME STREET ADDRESS CITYOTATE 20 CONTACT NAME STREET ADDRESS CITYOTATE 20 CONTACT WILLIAM Sqamba OPENING (Rider may be attached) Number of Shares 100 Class / Scries common Number of Shares 50 Class / Scries common Date 30 1995 By: William Sqamba OPENING (Rider may be attached) Date 30 1995 By: William Sqamba OPENING (Rider may be attached) Date 31 1995 By: William Sqamba OPENING (Rider may be attached) Date 31 1995 By: William Sqamba OPENING (Rider may be attached) DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | | | | | | | - |
| Address and telephone of the principal office of business entity in Rhode island (Provide street address - Not PO. Box): 146. Westminister Street Suite 500 Providence, RI 02903 Phone: (401) 272-1312 THE NAMES OF THE OFFICERS ARE: STREET ADDRESS William Sgambato 100 East Avenue, North Providence, RI 0291 STREET ADDRESS WILLIAM Sgambato 100 East Avenue, North Providence, RI 0291 STREET ADDRESS WILLIAM Sgambato 100 East Avenue, North Providence, RI 0291 REASSURER WILLIAM Sgambato 100 East Avenue, North Providence, RI 0291 REASSURER WILLIAM Sgambato 100 East Avenue, North Providence, RI 0291 REASSURER WILLIAM Sgambato 100 East Avenue, North Providence, RI 0291 REASSURER WILLIAM Sgambato 100 East Avenue, North Providence, RI 0291 REASSURER WILLIAM SGAMBATO THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE JECONO WANTE STREET ADDRESS CITYSTATE JECONO NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares 100 Class / Series Common Date JULY STREET ADDRESS DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | | | | | | | |
| Stand Provide street address - Not PO Box : 146 Westminster Street | | | | | venicie_ | reparr_and_cov | v <u>r</u> 119 |
| Providence, RI 02903 Phone: (401) 272-1312 THE NAMES OF THE OFFICERS ARE: STREET ADDRESS WILLIAM Sqambato 100 East Avenue, North Providence, RI 0291 STREET ADDRESS WILLIAM Sgambato 100 East Avenue, North Providence, RI 0291 STREET ADDRESS WILLIAM Sgambato 100 East Avenue, North Providence, RI 0291 STREET ADDRESS WILLIAM Sgambato 100 East Avenue, North Providence, RI 0291 FREASURER WILLIAM Sgambato 100 East Avenue, North Providence, RI 0291 FREASURER WILLIAM Sgambato 100 East Avenue, North Providence, RI 0291 TREASORRE STREET ADDRESS CITYSTATE 22000 STREET ADDRESS CITYSTATE 22000 STREET ADDRESS CITYSTATE 24000 STREET ADDRESS COUNTON NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares 100 Class / Series common Date ### 1985 DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | Island (Provide street as 146 Westmin | ddress - Not P.O. Box): | | | | | |
| THE NAMES OF THE OFFICERS ARE: William Sqambato 100 East Avenue, North Providence, RI 0291 William Sgambato 100 East Avenue, North Providence, RI 0291 William Sgambato 100 East Avenue, North Providence, RI 0291 STREET ADDRESS GIVENTATE PRODUCE William Sgambato 100 East Avenue, North Providence, RI 0291 William Sgambato 100 East Avenue, North Providence, RI 0291 William Sgambato 100 East Avenue, North Providence, RI 0291 William Sgambato 100 East Avenue, North Providence, RI 0291 NAME THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE PRODUCE STREET ADDRESS CITYSTATE PRODUCE AMME STREET ADDRESS CITYSTATE PRODUCE NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares 100 Class / Scries common Number of Shares 50 Class / Scries common Date \$\frac{1}{2}\frac{1} | | | | | | | |
| MILLIAM Sqambato 100 East Avenue, North Providence, RI 0291 WILLIAM Sqambato 100 East Avenue, North Providence, RI 0291 STREET ADDRESS CHYSTATE PROVIDENCE, RI 0291 STREET ADDRESS CHYSTATE PROVIDENCE, RI 0291 TREASURER NORTH Providence, RI 0291 TREASURER STREET ADDRESS CHYSTATE PROVIDENCE, RI 0291 THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CHYSTATE PROVIDENCE STREET ADDRESS CHYSTATE PROVIDENCE NAME STREET ADDRESS CHYSTATE PROVIDENCE NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares 100 Class / Scries common Number of Shares 50 Class / Scries common Date \$\frac{1}{2}\triangle \frac{1}{2}\triangle \frac{1}{2}\tria | Providence, | 272-1312 | | | | | |
| William Sgambato 100 East Avenue, North Providence, RI 0291 William Sgambato 100 East Avenue, North Providence, RI 0291 William Sgambato 100 East Avenue, North Providence, RI 0291 William Sgambato 100 East Avenue, North Providence, RI 0291 William Sgambato 100 East Avenue, North Providence, RI 0291 William Sgambato 100 East Avenue, North Providence, RI 0291 William Sgambato 100 East Avenue, North Providence, RI 0291 WHENAMES OF THE DIRECTORS ARE: STREFT ADDRESS CITYSTATE WINDER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares 100 Class / Scries Common Number of Shares 100 Class / Scries Common Number of Shares DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | PRECIDENT | | THE N | AMES OF TI | HE OFFICERS A | | |
| William Sgambato 100 East Avenue, North Providence, RI 2291 STRUTTADDRESS CITYSTATE | | umbato | 100 F | | | | |
| Milliam Sgambato | VICE PRESIDENT | mba co | | | • | <u></u> | ······································ |
| William Sgambato 100 East Avenue, North Providence, RI STREET ADDRESS William Sgambato 100 East Avenue, North Providence, RI 22900 William Sgambato 100 East Avenue, North Providence, RI 0291 THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYSTATE APPCODE NAME STREET ADDRESS CITYSTATE APPCODE NAME NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares 100 Class / Scries common Number of Shares 100 Class / Scries common Number of Shares DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | <u>William Sga</u> | ımbato | 100 E | East Ave | nue, North | Providence, R | |
| William Sgambato 100 East Avenue, North Providence, RI 100 Other Avenue, North Providence, RI THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITY/STATE VIPCODI NAME STREET ADDRESS CITY/STATE ZIPCODI NAME STREET ADDRESS CITY/STATE ZIPCODI NAME NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares 100 Class / Series common Number of Shares 100 Class / Series common Number of Shares DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | | • | | | ******* | = : : : : : : | |
| William Sgambato THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITYATATE NAME STREET ADDRESS CITYATATE ZIP CODE NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares 100 Class / Scries common Number of Shares 100 Class / Scries common Number of Shares DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | William Sga | <u>imbato</u> | 100 E | | | | |
| THE NAMES OF THE DIRECTORS ARE: STREET ADDRESS CITY/STATE CITY/ST | William Sqa | umbato | 100 E | | | | |
| STREET ADDRESS CITY/STATE 7/PCODI NAME STREET ADDRESS CITY/STATE 7/PCODI NAME STREET ADDRESS CITY/STATE 7/PCODI NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Number of Shares 100 Class / Series common Number of Shares 50 Class / Series common Date 100 Class / Series common Number of Shares 50 Class / Series common William Sgamba (o PRINT (PPESTBE/HPCER SIGNING) TITLE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | | | | | | | |
| NUMBER OF SHARES AUTHORIZED (Rider may be attached) Number of Shares 100 Class / Scries common | NAME | | , | | | | ZIPCC |
| Number of Shares 100 Class / Series common Number of Shares 50 Class / Series common Date 100 Shares 100 Shares 100 Shares 50 Class / Series common Number of Shares 50 Class / Series common Number | NAME | | - | STREET ADL | DRESS | CITY/STATE | ZJP CC |
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| Number of Shares 100 Class / Scries common Number of Shares 50 Class / Scries common Date 195 By: William Sqambaro PRINT PYEST DE FIELD SIGNING THE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | NAME | | | STREET ADD | PRESS | CITY/STATE | ZIP CO |
| Date # 100 By: William Sgamba fo William Sgamba fo PRINT PYEST NOT DEPENDED. THE OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | NUMBER OF SHARES | AUTHORIZED (Rider may | he attached) | | NUMBER OF SHAR | RES ISSUED AND OUTSTAN | DING (Rider may be attached) |
| William Sgamba to PRINT OF DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: William Sgamba to PRINT OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | Number of Shares | 100 Class / Series | common | | Number of Shares | 50 Class / Scries | common |
| William Sgamba to PRINT OF DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: William Sgamba to PRINT OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | | | | | ! [| | |
| William Sgamba to PRINT OF DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: William Sgamba to PRINT OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | | | | | | | |
| William Sgamba to PRINT OF DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: William Sgamba to PRINT OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | | · | | | | <u> </u> | |
| William Sgamba to PRINT OF DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: William Sgamba to PRINT OF OFFICER SIGNING DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | Date Fel 22 |) 10 | a 95 | ъ (| Lethan 1 | La Sout | |
| DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | ,,, | , · · | ,. <u> </u> | Wi | | | |
| DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS: | Form 31 1:95 | | | <u>PI</u> | | จักดี | |
| | | DESIGN | ATED PECIE | | | CL OF BROOKS | |
| PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed. | PLEASE NOTE: If the | | | | | | |

JAMES H. REILLY 146 WESTMINSTER STREET, SUITE 500 PROVIDENCE RI 02903

FILED FEB 2 7 1995 By Ca 17981

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

File Annually LLC Sept. 1 Nov. 1 CORP Jan. 1 March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

| Corporate ID: | 0010597 | Annual Report for the year | 1994 |
|--|---|---|---|
| Name of Business Entity | c | SGAMBATO'S S | ERVICE, INC. |
| | | | |
| Business entity organized an | nder the laws of the State ofRI | Business Entity is (check | ene) |
| Federal Taxpayer Identificat | | 1000 | poration (See RIGL Chapter 7-1-1) |
| | nd telephone number of principal office | | Service Corporation (See RIGL Chapter 7-5.1) hty Company (See RIGL 7.16) |
| | | Name, title and mailing accommunications may be c | ddress of contact person to whom hrected: |
| | | James H. Reil | ly - Agent |
| | | | <u>er Street - Suite 500</u> |
| Phone: (1 | · | Providence, R | I. 02903 |
| Address and telephone of the Island (Provide street addres | e principal office of business entity in I is - Not P.O. Box): | | racter of business conquoted in Rhode Island |
| 146 Westminste | er S <u>treet - Suite 5</u> | | _ |
| Providence, R. | 1 02903 | | |
| | | Date of Organization: | 4/23/48 |
| Phone: (401 ₎ 27 | 2-1312 | Date of Qualification to d | o business in Rhode Island (if foreign entity): |
| | | | |
| | THE N | AMES OF THE OFFICERS ARE: | |
| Compared March | _ - | st Avenue, North Provid | ence. RI 02911 |
| | C 🗶] - VICE-PRESIDENT (Check One) | STREET ADDRESS | CITYISTATE ZIP CODE |
| William Sgambe | Tescritary on | N D DEFECT ADDRESS | CITY-STATE ZIP CODE |
| William Sgamb | ato | H N | H H |
| CHIEF HEANCIAL OFFICER OR | | STREET ADDRESS H H | GTSSATE ZEFCODE |
| William Sgamb | | MES OF THE DIRECTORS ARE: | |
| NAME | 11117.110 | SCREET ADDRESS | CITYSTATE ZIPCODE |
| SAME | · | STREET ADDRESS | CITY/STATE ZIP CODE |
| NAME | | STREET ACORESS | CITYSTATE ZZP: ODE |
| NUMBER OF SHARES A | : :- :- :- :- :- :- :- :- :- :- :- | NUMBER OF SHARES ISS | UED AND OUTSTANDING (If Applicable) |
| NUMBER 100 | | NUMBER 50 | |
| CLASS common | | CLASS COMMO | n . |
| SERIES | | SERIES | |
| PAR VALUE OR no WITHOUT PAR | par valuc | PAR VALUE OR no WITHOUT PAR | par value |
| Dute <u>February</u> | / 19 94 | By Sullian Stoul | h & |
| 8 | FILED | William Sgambato | |
| F | EB 1.6 (5) 4 . | FRINT OR TYPE NAME OF OFFICER STUNING President | |
| i⊸v N | Or 17098 | THE STOCKE | |
| Form 31 1/94 | | | |
| | DESIGNATED REGISTERED | OR RESIDENT AGENT FOR SERVI | CE OF PROCESS: |

PLEASE NOTE. If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form 1 LC 3 most be filed.

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

| orporate ID 001039 | 2/ | Annual Report for the year 1993 | | |
|----------------------------|---------------------------|--|--|--|
| FIRST: The name of the c | corporation is | SGAMBATO'S SERVI | CE, INC. | |
| Second: It is incorporate | ed under the laws of | Rhode Island | | |
| | | sale of gasoline, rencidental thereto. | epair of vehicles, | |
| FOURTH: If foreign corpo | oration, address of its p | orincipal office | | |
| Fігтн: Business address in | n Rhode Island | 735 Hospital Trus | t Building | |
| | ····· | Providence, Rhode | Island 02903-2465 | |
| Sixth: Names and address | sses of its directors and | | (Attach rider if necessary) | |
| | Director | | | |
| | | | | |
| William Sgambato | | | rth Providence,RI 02 | |
| William Sgambato | Todadit | Same as above | | |
| William Sgambato | Secretary | Same as above | | |
| William Sgambato | Treasurer | Same as above | | |
| SEVENTH: Number of Sha | res authorized: | | Par Value | |
| No of Shares | Class | Series | or statement that shares are without par value | |
| 100 | common | PAID | no par value | |
| EIGHTH: Number of Share | es issued: | MAR 0 2 1993 | Par Value or statement that | |
| No of Shares | Class | SEGRETARY OF STATE | shares are without par value | |
| 50 | common | ું. હાલ <u>ા</u> દુ | no par value | |
| ited February | 19 .93 | SGAMBATO'S SERVICE, | INC. | |
| | | By William Lyon | but | |
| (Report must be signed by | v an officer) T | Title President | | |
| 31 1/85 | | | ***** | |

| Corporate ID | 0010397 | Annual Report for the year | 1992 | | |
|--------------------|----------------------------------|--|--|--|--|
| FIRST: The name | of the corporation is | SGAMBATO'S SERVICE, INC | | | |
| SECOND: It is inco | orporated under the laws of | Rhode Island | | | |
| | | sale of gasoline, repair of veh | | | |
| | ness incidental thereto | | | | |
| | | rincipal office | | | |
| FIFTH: Business ac | ddress in Rhode Island | 735 Hospital Trust Building | | | |
| | I | Providence, Rhode Island 02903-2 | 465 | | |
| SIXTH: Names and | d addresses of its directors and | officers: (A | attach rider if necessary) nip code) | | |
| | Director | | ••••• | | |
| | Director | | | | |
| | Director | ······ | | | |
| William Sgambato | President | 603 Woonasquatucket Avenue North Providence, RI 02911 | | | |
| William Sgambato | Vice Preside | | , | | |
| | Secretary | Same as above | | | |
| | Treasurer | Same as above | | | |
| SEVENTH: Number | of Shares authorized: | Series Sha | Par Value statement that tres are without par value | | |
| 100 | common | ErB 2 7 1992 | par value | | |
| | | SECY OF STATE | • | | |
| Eіднтн: Number o | of Shares issued: | Or . | Par Value | | |
| No. of Shares | Class | | statement that res are without par value | | |
| 50 | common | no | par value | | |
| Dated 24-25 | (1 | EGAMBATO'S SERVICE, INC. Name of Corporation) V. W. Wren Galab | ······ | | |
| (Report must be | | itle President | | | |

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

| Corporate ID | 0010397 | Annual Report for the year | 1991 | |
|------------------|--------------------------------------|---|---|--|
| First: The na | ame of the corporation is | SGAMBATO'S SERVICE, INC. | | |
| SECOND: It is | incorporated under the laws of | Rhode Island | | |
| THIRD: · Chara | cter of business, briefly stated, is | sale of gasoline, repair of ve | ehicles, towing | |
| and all other bu | usiness incidental thereto | | •••••• | |
| FOURTH: If fo | reign corporation, address of its p | orincipal office | ······ | |
| Fifih: Busine | ss address in Rhode Island | 735 Hospital Trust Building | | |
| | | Providence, Rhode Island 0290 | 3-2465 | |
| | s and addresses of its directors and | d officers: (Atl Address (including number, street, zip | tach rider if necessary) p code) | |
| | Director | | ••••••••••• | |
| ····· | Director | | •••••• | |
| | Director | | ••••••••••••••••••••••••••••••••••••••• | |
| William Sgambato | President | 100 East Ave., North Providence | ce, RI 02911 | |
| William Sgambato | Vice Preside | ent Same as above | ••••••••••••••••••••••••••••••••••••••• | |
| William Sgambato | Secretary | Same as above | •••••• | |
| William Sgambata | Treasurer | Same as above | ••••••••••• | |
| SEVENTH: Nui | mber of Shares authorized: | | Par Value tatement that es are without par value | |
| 100 | common | | par value | |
| Еіднтн: Num | ber of Shares issued: | Or s | Par Value tatement that | |
| No. of Shares | Class | Series | es are without par value | |
| 50 | common | no j | par value | |
| Dated Februa | | SGAMBATO'S SERVICE, INC. (Name of Corporation) | | |
| | I | By William Symbots | ••••• | |
| (Report mu | st be signed by an officer) | O Fitle President | | |

| Corporate ID | 397 | Annual Report | for the year 1990 TJJ |
|-----------------------|--------------------------------|------------------|--|
| FIRST: The name of | the corporation is | | |
| Second: It is incorp | orated under the laws of | Rhode Island | |
| THIRD: Character of | business, briefly stated, is | sale of gasoli | ne. repair of vehicles, |
| | her business incid | | |
| FOURTH: If foreign of | corporation, address of its pr | incipal office | |
| | | | t.Building |
| | ddresses of its directors and | | Island02903-2465(Attach rider if necessary) |
| Name | Office | Address (inc | luding number, street, zip code) |
| | Director | •••••• | ······································ |
| | Director | | ······································ |
| | Director | | |
| William Sgambato | President | 100 East Avenu | e, North Providence, RI |
| William Sgambato | Vice Preside | nt Same as above | |
| William Sgambato | Secretary | Same as above | |
| William Sgambato | Treasurer | Same as above | |
| SEVENTH: Number o | f Shares authorized: | | Par Value |
| No. of Shares | Class | Series | or statement that shares are without |
| 100 | common | 23.44 | par value ne par value |
| | | | Signal wall |
| EIGHTH: Number of | Shares issued: | | Par Value |
| No of Shares | Class | Series | or statement that shares are without par value |
| 50 | common | | no par value |
| Dated February | 19 90 | SGAMBATO'S SERV | ICE, INC. |
| | Ву | , William & | Janhats |
| (Report must be sign | ned by an officer) Ti | tle President | |

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

| Corporate ID0010 | 397 | Annual Report for the y | year 1989 |
|----------------------|---------------------------------|-----------------------------------|---|
| FIRST: The name of | of the corporation isSGAM | BATO'S SERVICE, INC. | |
| SECOND: It is incor | porated under the laws of | Rhode Island | |
| THIRD: Character of | of business, briefly stated, is | sale of gasoline, repair | of vehicles, towing |
| and all other busine | ss incidental thereto | | |
| FOURTH: If foreign | corporation, address of its pri | incipal office | |
| Fifth: Business add | dress in Rhode Island 73 | 5 Hospital Trust Building | |
| | Pr | ovidence, Rhode Island 02 | 903-2465 |
| SIXTH: Names and | addresses of its directors and | officers: Address (including numl | (Attach rider if necessary) ber, street, zip code) |
| | Director | | ······ |
| | Director | | |
| | Director | | |
| William Sgambato | President | 100 East Avenue, North | Providence, RI 02911 |
| William Sgambato | Vice Presider | nt Same as above | ······· |
| William Sgambato | Secretary | Same as above | |
| William Sgambato | Treasurer | Same as above | |
| SEVENTH: Number | | | Par Value or statement that shares are without |
| 100 | Class | Series | par value no par value |
| 100 | common | | The pai value |
| Eighth: Number o | f Shares issued: | * | Par Value |
| No. of Shares | Class | 14 17 1989 Series 1989 | or statement that shares are without par value |
| 50 | common | · | no par value |
| Dated May 15 | | GAMBATO'S SERVICE, INC. | |
| (Report must be s | igned by an officer) Ti | y Wille President | la S |

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

| Corporate ID | 10397 | ********** | Annual Report | for the year | ₁₉₈₈ V |
|---|---|---------------------|---|---|---|
| First: | The name of the corpor | ration is SGA | MBATO'S SERVICE, IN | c. | |
| Second | : It is incorporated und | der the laws of | Rhode Island | | |
| THIRD: | Character of business, | briefly stated, is | sale of gasoline, | repair of ve | hicles, towing |
| and all bus | siness incidental th | nereto | | | |
| Fourth | : If foreign corporation | , address of its pr | incipal office | | |
| Г ІГТ Н : | Business address in Rho | de Island 7 | 35 Hospital Trust B | uilding | |
| | •••••• | <u>-</u> P | rovidence, Rhode Is | land 02903-2 | !465 |
| Ѕіхтн: | Names and addresses of | its directors and | | (/ | Attach rider if necessary) zip code) |
| *>**** | ••••••••••••••••••••••••••••••••••••••• | Director | | *************************************** | |
| *************************************** | | Director | ••••• | •••••• | ••••••••••• |
| | ••••• | Director | | ••••• | |
| William Sga | mbato | President | 100 East Avenue, 1 | North Provid | ence, RI 02911 |
| William Sga | mbato | Vice Presider | nt | | |
| William Sga | | _ | 11 | 11 | |
| Ralph J. Sg | amba to | Treasurer | 591 Woonasquatucke | et Ave., Nor | th Prov., RI |
| Seventh | | | · · · · · · · · · · · · · · · · · · · | | Par Value |
| No. of Sha | | | Series | | r statement that ares are without par value |
| 100 | com | mon | 1777 i 3 1989 | | o par value |
| Еіднтн: | Number of Shares issue | ed: | | | Par Value |
| No. of Sha | res Cla | 156 | Series | | statement that ares are without par value |
| 50 | COM | mon | | ıĸ | par value |
| Dated | May 15 1 | | GAMBA'IO'S SERVICE, ame of Corporation) | INC. | |
| (Re _l | port must be signed by an off | • | William Sce le PRESIDE | mha & | |

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

| | PROVIDENC | E. RHODE ISLAND 02903 | 1 |
|------------------|--|--|--|
| Corporate ID | 0010397 | Annual Report fo | or the year 1987 |
| FIRST: The na | ame of the corporation is | SGAMBATO'S SERV | ICE, INC. |
| SECOND: It is | incorporated under the laws o | Rhode Island | |
| | cter of business, briefly stated, usiness incidental there | | epair of vehicles, towing |
| FOURTH: If fo | reign corporation, address of it | s principal office | |
| FIFTH: Busines | | 735 Hospital Trust Build | ling |
| _ | | | 1 02903-2465 |
| | and addresses of its directors a | | (Attach rider if necessary) |
| •••••• | Director | | ••••• |
| | Director | | |
| •••••• | Director | , | |
| | President | 100 East Avenue, No | orth Providence, RI 02911 |
| William Sgambato | Vice Pres | ident Same as above | |
| William Sgambato | Secretary | Same as above | |
| William Sgambato | Treasurer | | |
| SEVENTH: Num | nber of Shares authorized: | | Par Value |
| No. of Shares | Class | Series | or statement that shares are without par value |
| 100 | common | | no par value |
| Eighth: Numb | per of Shares issued: | | Par Value |
| No. of Shares | Class | Series | shares are to dout |
| 50 | common | | MARAO par value |
| Dated February | 1989 | SGAMBATO'S SERVICE, IN (Name of Corporation) By | c. |
| (Report must | be signed by an officer) | Title President | |

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 ID10397 | ••••••••••••••••••••••••••••••••••••••• | Annual Report for the | year 1987 |
|---|---|------------------------------------|---|
| First: The name of | of the corporation isSGA | MBATO'S SERVICE, INC. | ······································ |
| SECOND: It is income | rporated under the laws of | Rhode Island | |
| | | sale of gasoline, repa | |
| | | | |
| | | orincipal office | |
| Fifth: Business add | dress in Rhode Island | 735 Hospital Trust Build | ling |
| | | Providence, Rhode Island | |
| SIXTH: Names and | addresses of its directors and | d officers: Address (including num | (Attach rider if necessary) ber, street, zip code) |
| | Director | | • |
| | Director | | ······ |
| | Director | | |
| William Sgambato | President | 16 Aldrich Street, North | Providence, RI |
| William Sgambato | Vice Preside | ent ^{Same} as above | |
| William Sgambato | | Same as aboye | |
| Ralph J. Sgambato | Treasurer | 591 Woonasquatucket Aven | |
| SEVENTH: Number | of Shares authorized: | | Par Value |
| No. of Shares | Class | PAID | or statement that shares are without par value |
| 100 | common | MAR 1 2 1987 | no par valua |
| | | SEC'Y OF STATE | |
| Eighth: Number of | Shares issued: | | Par Value 9 1987 |
| No of Shares | Class | Senes | shares are without par value |
| 50 | common | | no par value |
| Dated February | 1987 | SGAMBATO'S SERVICE, INC. | |
| | | (Name of Corporation) | 1 & |
| | E | By William 1 sqc | whats |
| (Report must be signal and the signal areas | gned by an officer) T | Title President | •••• |

RI

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

| Corporate ID | | Annual Report for the year | | |
|---------------------|--------------------------------|--|--|--|
| First: The name of | of the corporation is | GAMBATO'S SERVICE, INC | • | |
| SECOND: It is incor | rporated under the laws of | Rhode Isla | ind | |
| THIRD: Character of | of business, briefly stated, i | s sale of gasolir | ne, repair of vehicles, | |
| towing and all bu | siness incidental | l thereto | | |
| | | | | |
| | | | t.Building | |
| | | Providence, Rhode | Island02903-2465 | |
| SIXTH: Names and | addresses of its directors a | | (Attach rider if necessary) luding number, street, zip code) | |
| | Director | | | |
| | Director | | | |
| | Director | | | |
| William Sgambato | President | 16 Aldrich St. | North Providence, RI | |
| William Sgambato | Vice Pres | | ii . | |
| William Sgambato | Secretary | n | ıı | |
| Ralph J. Sgambato | | | ucket Ave., North Prov., | |
| Seventh: Number of | of Shares authorized: | · | Par Value | |
| No. of Shares | Class | Series | or statement that shares are without par value | |
| 100 | common == | | no par value | |
| Eighth: Number of | Shares issued: | | Par Value | |
| No. of Shares | Class | Series | or statement that shares are without par value | |
| 50 | common H | | no par value | |
| Dated February | 19 86 CHAR | SGAMBATO'S SERVICE (Name of Corporation) | INC. | |
| MAK | LA KELL E | By William G. | Szanhato | |
| (Report must be sig | gned by an officer of the | Title President | | |

State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

| Corporate ID 10397 | | Annual Report for the year 1985 | | |
|---|-----------------------------------|---|--|--|
| First: The name | of the corporation isSGA | BATO'S SERVICE, INC. | | |
| SECOND: It is inco | | | d | |
| THIRD: Character | r of business, briefly stated, is | sale_of_gasoli: | ne, repair of vehicles. | |
| towingandall | L_businessincidenta | al thereto | | |
| FOURTH: If foreig | gn corporation, address of its | principal office | | |
| Fifth: Business a | ddress in Rhode Island | .735 Hospital Trus | st Building | |
| | | Providence. Rhode | e Island 0.2903-2465 | |
| SIXTH: Names an | d addresses of its directors an | | (Attach rider if necessary) cluding number, street, ap code) | |
| | Director | •••••• | | |
| *************************************** | Director | *************************************** | | |
| | | *************************************** | | |
| lliam Sgambato | President | 16 Aldrich St | , North Providence, RI | |
| lliam Sgambato | Vice Presi | dent" | 1t | |
| lliam Sgambato | Secretary | | n | |
| Ralph J. Sqamb | atoTreasurer | 591.Woonasquatu | .cket.Ave.,.North.Prov., | |
| SEVENTH: Number | er of Shares authorized: | Senes | Par Value or statement that shares are without | |
| 100 | common | Serica | purvalue no par value | |
| | _ | IBCBIVED MAR | 198 5 | |
| Eighth: Number | of Shares issued: | | Par Value or statement that | |
| No. of Shares | Class | Series | shares are without par value | |
| 50 | common | | no par value | |
| ated February | 19 .8.5 | Scambato's Servi | ice. Inc. | |
| | 1 | By William S | iomlat | |
| (Report must b | be signed by an officer) | Title Presido | ent · | |

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

R.I

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 Sgambato's S | ervice, Inc. |
| SECOND: | It is incor | porated under th | ne laws of Rhode | Island |
| Third: | Character o | f business, briefly | stated, is sale of | gasoline, repair |
| of vehicles | , towing | and all busin | ess incidental the | hereto |
| Fourth: | If foreigr | corporation, ac | ldress of its principal | office |
| Fifth : | Business ad | dress in Rhode | (sland | |
| 7.3,5 | Hospital | Trust Buildin | g, Providence, R | hode Island 02903 |
| Sixth: | Names and | addresses of its | directors and officer | rs: |
| | (Addresses | must include street o | and number, if any) | |
| | Vamo | Office | | Address |
| | *************************************** | Director | | |
| 4********************* | | Director | | |
| , | | Director | 1 | |
| William Sga | ambato. | President | 16 Aldrich St | ., North Providence, |
| William Sga | ambato | Vice Presi | dent" | n |
| William Sga | ambato | Secretary | 10 | 11 |
| Ralph J. So | gambato i space is neede | | 591 Woonasqua | tucket Ave., No. Pro |
| Seventh | : Number | of Shares author | orized: | Par Value or statement that |
| No. of Sha | ares . | Class | * Series | shares are without par value |
| 100 | | common | | no par value |
| | | ! | | |
| Еіснтн : | Number o | of Shares issued | : | Par Value |
| No. of Sh | ares | Class | Series | or statement that shares are without par value |
| 50 | | COMMOD | 3 | no par value |
| 30 | | common | 22 | o par varac |
| Dated: | January | 19.84 | Sgambato's Se | rvice, Inc. |
| | APR 10 198 | Jer) | Name of Corporation By Walker F Title President (Report must be | · Sganbab |
| | V | • | | · |

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

í,

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 na | ame of the corporation | is Sgambat | o's Service, | Inc |
| | | | | ,. |
| SECOND: It is | incorporated under t | he laws of F | Rhode Island | |
| THIRD: Chara | cter of business, briefl | y stated, is | sale of gasol | ine, repair |
| of vehicles, to | wing and all busi | ness incider | ntal thereto | , |
| Fourth: If f | oreign corporation, a | ddress of its pri | incipal office | |
| | | | | |
| FIFTH: Busin | ess address in Rhode | Island (blank i | reports will be n | nailed to this |
| address) 735 Hos | pital Trust Build | ling, Provide | ence, Rhode I | sland 02903 |
| Sixth: Name | s and addresses of its | directors and | officers: | |
| (Add | resses must include street | and number, if any | y) | |
| Name | Office | | Address | |
| | Director | | | ·• |
| | Director | | | |
| | Director | | | |
| William Sgambato | President | 16 Aldr: | ich St., Nort | h Providence, RI |
| William Sgambato | Vice Pres | ident " | | н |
| William Sgambato | Secretary | · | | |
| | O Treasurer needed, attach rider) | 591 Woo | nasquatucket | Ave., North Prov |
| SEVENTH: Nu | mber of Shares auth | orized: | | ar Value itement that |
| No. of Shares | Class | Series | shares | are without er value |
| 100 | common | H | ₹ 2 1987 _{0 1} | oar value |
| Eighth: Nur | nber of Shares issued | l: | | ar Value stement that |
| No. of Shares | Class | Series | | are without or value |
| 50 | common | 2 2 2 83 | no j | par value |
| Dated: Februa: | ry 1983 | Sgambato (Name of Co | rom P.Dz | inlab. |
| If the corporat | ion has changed its reg | istered office and | d/or its registered | agent, |

Form #9 must be filed. Please contact Corporation Division for information, 277-3040

FORM 31 11-02

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 | r the year 🥏 🗆 | 1982 | |
|------------|-----------------------------------|-------------------|---------------------|------------------|---|------|
| FIRST: | The name of the | e corporation | is Sgambato's | Service, | Inc. | |
| | | | | | | |
| SECOND | : It is incorpor | ated under t | he laws of Rho | de Island | | |
| | _ | | y stated, is sale | | | |
| | | | ness incidenta | | | |
| | | | | | | |
| | _ | - | ddress of its princ | | | |
| | | | | | | |
| | | | Island (blank rep | | | |
| address) 7 | 35 Hospital T | rust Build | ing, Providenc | e, Rhode I | sland 02 <u>90</u> 3 | |
| SIXTH: | | | directors and off | icers: | | |
| | (Addresses mu | st include street | and number, if any) | | | |
| | Name | Office | | Address | | |
| , | | Director | | · | | |
| | | Director | | | | |
| | | Director | | | | |
| William S | gambato | President | 16 Aldrich | St., Nort | h Providence, | RI |
| William S | gambaito | Vice Presid | lent " | | | |
| William S | gambato | Secretary | | | | |
| | Sgambato ace is needed, attacl | | 591 Woonas | quatucket | Ave., North P | rov. |
| SEVENT | H: Number of | Shares autho | rized: | | ar Value itement that | |
| No. of Sh | nares | Class | Series | shares | are without ar value | |
| 100 | | common | | no p | ar value | |
| | | | | | | |
| 5 | | . | | | **-1 | |
| | : Number of S | | | or ste share: | ar Value itement that s are without | |
| No. of Si | 18 res | Class | Series | | ar value | |
| 50 | | common | | · 2 | oar value | |
| Dated: F | ebruary | 19 82 | - | 82 s Service, | Inc. | |
| | | | (Name of Corporati | ion) | hat | |
| | MAR | 31000 | By MAAAAA | iden P | NATURE | |
| | | o 1982 | Title | | (**) | |
| | | ph | (Report must | t be signed by a | in onicer) | |

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

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

1981 ANNUAL REPORT

OF

SGAMBATO'S SERVICE, 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 Sgambato's Service, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is -735 Hospital Trust Building, Providence, Rhode Island 02903 and the name of its registered agent in Rhode Island at such address is Francis A. Kelleher

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 gasoline service station business, repair of motor vehicles, towing of vehicles, buying and selling automotive parts and all things incidental thereto.

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

Name
Office
Address

Director
Director
Director
Director
Director

William P. Sgambato

President

16 Aldrich St., North Providence, RI

William P. Sgambato

Vice President

William P. Sgambato

Secretary

Ralph J. Sgambato

firm 3.

Treasurer

591 Woonasquatucket Ave., N. Prov., R.

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 | <u>Zseries</u> N | or Statement that Shares are without Par Value |
|------------------|--------|---------------------|--|
| 100 | common | 81 | no par value |
| i: 80 | | | FER 25 1981 |

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 | - | lass. | • | Se <u>ries</u> | 07 | Staten | per Share lent that without alue |
|---------------------------------------|-------------|-----------------------|----------|----------------|--------------|--------|---|
| 50 | com | ion | | | no | par | value |
| • | | | | 3 | | : | |
| | | | | • | | : . | • |
| | | ; | • | · · | | | |
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| · · · · · · · · · · · · · · · · · · · | ; , I | ! | | | . • | - ! | <u>.</u> |
| - | į | | .• | | | 1 | - |
| | . ! | | | | | | |
| ٠. | : { ! | | | | | | |
| | | : | | ž. | | | |
| | : | | · • | | - 110 | | |
| Dated February | , 1981 | . . | SGAMBA'I | NO'S SERVICE, | RPORATION) | .2 | .7 |
| | | <u> </u> | 11/19 | PX | i.ansh | lin. | |
| | • | Ву | | Line 1 | Zenov. | | 7 |
| | : | | | l Its Pr | esider | it. | |
| | Ē | i Li _{ta} | · - | | | - | |

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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE 1980 ANNUAL REPORT

| | (| OF | | |
|--|--|---|--|----|
| SGA | AMBATO'S SER | VICE, INC. | | |
| Pursuant to the prov amended, the undersigned | isions of Sectio corporation he the corporation i | n 7.1.1-118 of the reby submits the factorial Squambato's S | General Laws, 1956, as | |
| SECOND: It is incorp | | | de Island | |
| THIRD: The address of 735 Hospital Trust Bu | of its registered of its regis | office in Rhode Island vidence, Rhode | dis | |
| and the name of its register Francis A. Kelleher | ed agent in Rho | de Island at such ad | dress is | |
| FOURTH: If a foreign country under the laws of wh | n corporation, the | he address of its prin rated is | cipal office in the state or | |
| | | | tually engaged in Rhode | |
| Island, briefly stated, is gamotor vehicles, buyir incidental thereto SIXTH: The names an Name | asoline serv | ice station busing automobile particles | iness, repair of arts, and all things | |
| - | Director | | Aduress | |
| · · · · · · · · · · · · · · · · · · · | Director | | | |
| West Control of the C | Director | | | |
| | Director | ** ** ** | | |
| | Director | | e e e e e e e e e | |
| | Director | · · · · · · · · · · · · · · · · · · · | | |
| William P. Sgambato | | | St., North Providence, R. | I. |
| William P. Sgambato | Vice Presi | dent "" | | |
| William P. Sgambato | Secretary | | | |
| Ralph J. Sgambato | Treasurer | 591 Woonasqu | latucket Ave., North Prov | |
| SEVENTH: The aggreg by classes, par value of share | ate number of sh s, shares withou | ares which it has au tparvalue,andserie | thority to issue, itemized s,ifany,withinaclass,is: | |
| Number of Shares | <u>Class</u> | 3 Series | Par Value per Share or Statement that Shares are without Par Value | |
| 100 | common | ស ខ | no par value | |
| | | ~~ . 4 . | - 4 0 1000 | |

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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

50 Common no par value

Dated February

, 19 80

SGAMBATO'S SERVICE, INC.

HAME OF CORPORATION

Its President

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

| | SGRIDATO BRUS. SERVI | CE, INC. |
|--|---|--|
| amendeu, the ur | o the provisions of Section 7.1.1-118 ndersigned corporation hereby submite name of the corporation is SGAMBATO | ts the following annual report: |
| SECOND: I | t is incorporated under the laws of | RHODE ISLAND |
| THIRD: The first The first Third Thi | ne address of its registered office in Rho natucket Avenue, North Providents registered agent in Rhode Island at | ence |
| ountry under the | If a foreign corporation, the address of elaws of which it is incorporated is oplicable | the state of the s |

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is gasoline service station business, repair of motor vehicles, buying and selling automotive parts, and all things incidental thereto

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

| | | 11141633 |
|--|----------|--|
| | Director | ere |
| | Director | en e |
| | Director | |
| | Director | And the second s |
| | Director | |
| • | Director | and the second of the second o |
| William Sgambato Ralph J. Sgambato, Jr. | | 2 Vineland St., N. Providence, R.I. 112 Stella Dr., N. Providence, R.I. |
| William Sgambato | | 2 Vineland St., N.Providence, R.I. |
| Ralph J. Sgambato, Jr. | • | 112 Stella Dr., N. Providence, R.I. |

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 | 3 Series | Par Value per Share or Statement that Shares are without Par Value |
|-------------------|--------|-------------------------|---|
| 100 | common | 5 79 | no par value |
| | | 7592A14 | · |
| Form 31 33W 11-78 | | • 1 5.00 • 1 5.00 BL | MAR 13 197 |

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 |
|---------------------|---------------------------------------|----------|---|
| | · · · · · · · · · · · · · · · · · · · | | |
| | | | |
| 100 | common. | • | no par value |
| | | · . | |
| | . ! . | | _ |

Dated ZL 22 , 1979

SGAMBATO BROS. SERVICE, INC.

(NAME OF CORPORATION)

By William Sgambato

... President

()

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

| S GA MB. | ATO BROS. SEI | RVICE, INC. | | | | |
|--|--------------------|-------------------------------|-----------|-------------------------------------|---|------|
| Pursuant to the provisio amended, the undersigned corp FIRST: The name of the | oration nereby s | submits the fo | llowing | ชากการ | l report. | |
| SECOND: It is incorporat | ed under the law | e of RHODE | TST.A | NTO | | |
| | | | | | | |
| THIRD: The address of it 603 Woonasquatucket Av | enue, North | e in Knode Isla Providence | ind is | | * **** | |
| and the name of its registered a Ralph J. Sgambato, Jr. | gent in Rhode Isl | and at such ad | droop i | | | |
| FOURTH: If a foreign concountry under the laws of which | rporation, the ad | dress of its pri | incipal | office i | n the state or | |
| FIFTH: The character of Island, briefly stated, is gasol motor vehicles, buying a incidental thereto. | ine service | which it is a | ctually | y engag | air of | |
| SIXTH: The names and response | ective addresses (| of its directors | and of | ficers ar | e: | |
| | Director | | , nad | ress | | |
| | Director | | | | | |
| and the second of the second o | Director | | | | | |
| and the second s | Director | ** * * * * | | | | |
| the state of the s | Director | | | | | |
| the state of the s | Director | | | | | |
| William Sgambato | President | 2 Vineland | | | | _ |
| Ralph J. Sgambato, Jr. | Vice President | 2 Vineland | Dr. | N D | ovidence, | R.I. |
| William Sgambato | Secretary | 2 Vineland | St | N D* | Ovidence, | R.I. |
| Ralph J. Sgambato, Jr. | Treasurer | 112 Stella | | | | |
| SEVENTH: The aggregate by classes, par value of shares, sha | number of shares | which it has a | | L-4- • | | **** |
| Number of | @38 | Series | | Par Value or States Shares as | per Share ment that re without Value | |
| 100 | common | | • • | no pa | r value | |

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D

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:

Par Value per Share or Statement that

| Number of Shares | Clas | | | : | Series | , | or Shi | Statemen res are w Par Val | ithout ue |
|---------------------|---------|---------------|--------------------------|-----------|--------|----------------|-----------|----------------------------------|--------------|
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| 100 | commo | n : 'j | | | | | no | par v | alue |
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| Dated January 13 | , 19.78 | | SGAMI | BATC | | SERV | | | |
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| | i · | | | . ۔ ۔ اُد | :: | مجمع د د د د د | | | [.] |

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

Sgambato Bros. Service, 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

Sgambato Bros. Service, Inc.

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

THIRD: The address of its registered office in Rhode Island is

603 Woonasquatucket Ave., North Providence

and the name of its registered agent in Rhode Island at such address is

Ralph J. Sgambato, Jr.

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 gasoline service station business, repair of motor vehicles, buying and selling automotive parts, and all things incidental thereto.

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

Name

Director

Director

Director

Director

Director

Director

William Sgambato

President

2 Vineland St., No. Providence, R.I.

Ralph J. Sgambato, Jr. Vice President 112 Stella Dr., No. Providence, R.I.

William Sgambato

Secretary

2 Vineland St., No. Providence, R.I.

Ralph J. Sgambato, Jr. Treasurer

112 Stella Dr., No. Providence, R.I.

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

100

common

no par value

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 | | <u>Series</u> | Par Value per Share or Statement that Shares are without Par Value |
|---------------------|--------|---------------|---|
| | | i i | |
| 100 | common | ļ., | no par value |

Dated January 14 , 19 77

Sgambato Bros. Service, Inc.

(NAME OF CORPORATION

Presider

FORM 31 38M 10-75

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

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

ANNUAL REPORT

 \mathbf{OF}

| | | 0.2 | 1 | |
|-------------------------------|--------------------------------------|---|--|--|
| | SG | AMBATO BROS. | SERVICE, INC. | |
| amiended, me | t to the provisi undersigned co | ons of Section rporation hereby | 7-1.1-118 of the (submits the follow | General Laws, 1956, as ving annual report: |
| FIRST: | The name of the | ne corporation is imbato Bros. | Service, Inc. | |
| SECOND | | | | |
| THIRD: | The address of | its registered off | ice in Rhode Island | l is |
| and the name | of its registered | agent in Rhode I | sland at such addre | Providence |
| Fourth | : If a foreign or the laws of wh | corporation, the a | ddress of its princ | ipal office in the state or |
| Island, briefly motor vehi | The character stated, is gas | of the business oline service and selling | in which it is actu e station busi automotive pa | ness, repair of |
| | .Yamo | espective addres | ses of its directors | |
| | | | | on were an experience of |
| | | Director | | 1.54 |
| | | | | · · · · · · · · · · · · · · · · · · · |
| | | Director | | |
| | | Director | and the second second second | |
| | | | | |
| | amba to | • | 2 Vineland St | . No.Providence, R.I |
| Ralph J. S | gambato,Jr. | Vice President | 112 Stella Dr. | . No.Providence, R.I |
| Villiam Sg | amba to | Secretary | 2 Vineland St. | . No.Providence, R.I |
| | gambato,Jr. | Treasurer | 112 Stella Dr. | . No.Providence, R.I |
| Seventh y classes, par v | : The aggregat value of shares, s | e number of share hares without par | es which it has auth rvalue, and series, i | nority to issue, itemized f any, within a class, is: |
| Number of Shares | - | Class | S <u>eries</u> | Par Value per Share or Statement that Shares are without Par Value |
| 100 | • | Common | | No par value |

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 | Shares are without Par Value |
|------------------|--------|----------|------------------------------|
| 100 | Common | .: . | No par value. |
| 1411 | · | : | |
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| | ; | | |

Dated January 30, , 19 76

SGAMBATO BROS., SERVICE, INC.

0

Filing fee: \$15.00

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

No par value

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

| | SGAMBA | TO BROS. S | ERVICE, INC. | |
|-----------------------------|--|----------------------------------|--|---|
| Pursuan amended, the First: | t to the provision undersigned cor | ons of Section poration herel | 7-1.1-118 of the Goy submits the following | omenal I 1050 |
| | Sgamba | to Bros. S | ervice, Inc. | ······································ |
| SECOND | | | | Rhode Island |
| THIED: | The address of | its registered (| office in Rhode Island | is |
| | 603 .W | loonasquatu | cket Avenue. Nor | thProvidence |
| | | | e Island at such addres | |
| | Ralph | J. Sgamba | to, Jr. | ··· ··· ··· ··· · · · · · · · · · · · |
| country unde | r the laws of whic | ch it is incorpo | orated is | pal office in the state or |
| | | | | |
| Island briefly | reteted is gas | of the busines | s in which it is actua | ally engaged in Rhode |
| motor veh | icles, buying | and sellir | ce station busine | ess. repair of |
| things in | cidental ther | eto. | * * · · · · · · · · · · · · · · · · · · | |
| | | | esses of its directors a | |
| | | Director | | |
| | | Director | The second secon | N. |
| | | Director | to the second of the second of | |
| | | Director | | |
| | | Director | | |
| | | Director | | |
| William Sga | ımbato | President | | No.Providence, R.I. |
| Ralph J. So | ambato,Jr. | Vice Preside | nt 112 Stella Dr. | No. Providence, R.I |
| William Sga | | Secretary | 2 Vineland St., | No.Providence, R.I. |
| Ralph J. So | yambato,Jr. | Treasurer | | No. Providence. R.I |
| SEVENTH by classes, par | : The aggregate value of shares, sh | number of shares without p | ares which it has autho par value, and series, if | ority to issue, itemized any, within a class, is: |
| Number of Shares | | Class | <u>Series</u> | Par Value per Share or Statement that Shares are without Par Value |

FEB 26 1975

Common

100

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:

Par Value per Share

| Number Share | | Class | S <u>eries</u> | or Statement that Shares are without Par Value |
|-----------------|---|--------|----------------|--|
| 100 | : | Common | | No par value |
| | • | | | |

Dated January 31, , 1975

SGAMBATO BROS., SERVICE, INC.

Broadont

1-75 3141E 3131 1844

; ;

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

State of Rhude Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

| | | OF | |
|---|--|---|------------|
| | SGAMBATO E | BROS., SERVICE, INC. | |
| Pursuant to the prov amended, the undersigned of FIRST: The name of | isions of Sect corporation her the corporation | ion 7-1.1-118 of the General Laws, 1956 reby submits the following annual report: | |
| | | elawsof State of Rhode Island | |
| THIRD: The address of | of its registered | d office in Rhode Island is venue, North Providence | |
| and the name of its registere | ed agent in Rho | de Island at such address is | |
| FOURTH: If a foreign country under the laws of w | hich it is incor | | or |
| FIFTH: The characte Island, briefly stated, is ga | r of the busing asoline serving and sell: | ess in which it is actually engaged in Rhvice statation business, repair of ing automotive parts, and all | ode >f_ |
| SIXTH: The names and | respective add | dresses of its directors and officers are: | |
| | Director | Address | |
| | Director | | |
| | Director | | |
| · · · · · · · · · · · · · · · · · · · | Director | en e | |
| | Director | was a second of the second of | |
| | | | |
| William Sgambato | President | 2 Vineland Street, No.Providen | ce,R.I. |

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:

Secretary

Treasurer

Vice President 112 Stella Dr. No. Providence, R.I.

2 Vineland Street, No.Providence, R.I.

112 Stella Dr. No.Providence, R.I.

Number of Shares Class Series Par Value per Share or Statement that Shares are without Par Value

100 Common No par value

FORM 31 35M 8-73

Ralph J. Sgambato, Jr.

Ralph J. Sgambato, Jr.

William Sgambato

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: Par Value per Share

| Number of Shares | Class | Series | or Statement that Shares are without Par Value |
|------------------|--------|--------|--|
| 100 | Common | | No par value |

Dated February 22, , 1974

SGAMBATO BROS., SERVICE, INC.
(NAME OF CORPORATION)

By William P Squembato

Its President

0

Filing fee: \$15.00

FORM 31 80M #-72

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

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

ANNUAL REPORT

OF

| | SGAMBATO BROS. | , SERVICE, I | NC. |
|------------------------------------|--|---|--|
| uniteriated, the li | nder signed corporation ner | is Sgambato | the General Laws, 1956, as following annual report: Bros., Service, Inc. |
| SECOND: | It is incorporated under the | | ode Island |
| THIRD: T | he address of its registered | office in Rhode I | sland is |
| | 603 Woonasquatu | cket Avenue | North Providence |
| and the name of | its registered agent in Rho | de Island at such | 1 address is |
| Fourth: | If a foreign corporation, the | e address of its p orated is | rincipal office in the state or |
| motor veh | gasoline service sta | which it is actuation busines | lly engaged in Rhode Island, s, repair of ive parts, and |
| | e names and respective add | | *** *** |
| the second of the second | Director | | |
| | Director | | 1 1 1 Na Fa |
| | Director | | - · · · · · · · · · · · · · · · · · · · |
| The second second second | Director | | and the second of the second o |
| | Director | • | * |
| | Director | | • |
| | bato President | | Street, No.Providence.R.I. |
| Ralph J. Sga | mbato, Jr. Vice Preside | atll2 Stella | Dr. North Providence, R.I. |
| William Sgam | bato Secretary | 2 Vineland | Strock No Providence, R.I. |
| Ralph J. Sqa | mbato, Jr. Treasurer | | Street, No.Providence, R.I. |
| | | | Dr.North Providence, R.I. |
| SEVENTH: T by classes, par valu | he aggregate number of sha se of shares, shares without p | res which it has a ar value, and ser | authority to issue, itemized ies, if any, within a class, is: |
| Number of Shares | Class | <u>Seri</u> ea | Par Value per Share or Statement that Shares are without Par Value |
| 100 | Common | | No par |

FEB 20 1213

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: Par Value per Share

| Number of 'Shares | C <u>lass</u> | <u>Series</u> | or Statement that Shares are without Par Value |
|-------------------|---------------|---------------|--|
| 100 | Common | | No par |
| , | | | : |
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| Dated February 14 | , 19 73 | V = V + V | SERVICE, INC. |
| 1 | | | |