

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 102396 NEW ENGLAND TRUCK AND AUTO SHINE, INC. 3. Street Address Principal Business Office City State Zip PO BOX 7541 CUMBERLAND RI 02864 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4017664004 **RHODE ISLAND** 8888 : 7 Brief Description of the Character of Business Conducted in Rhode Island GRAPHICS DESIGN, APPLICATION AND REMOVAL SERVICES FORTRUCKS, TRAILERS, CABS AND OTHER VEHICLES OR OTHER PARTIESSTATIONARY OR MOBILE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Jason Jarvis Melissa Jarvis Sircei Address Street Address P.O. Box 7541 P.O. Box 7541 Cirv State %ip Cin State Zip ¹Cumberland RI 02864 Cumberland 02864 | RI Secretary Name Treasurer Name Melissa Jarvis Jason M. Jarvis Street Address Street Address P.O. Box 7541 P.O. Box 7541 City State Zip City State Zip .Cumberland RI 02864 Cumberland RI 02864 9. NAMES AND ADDRESSES OF THE DIRECTORS C'X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Jason M. Jarvis Street Address - Street Address P.O. Box 7541 City State Zip ·City State Zip Cumberland RI 02864 Director Name Director Name Sireci Address ·Street Address City State Ciry Zip State 10. SHARES AUTHORIZED ("X", BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 NO PAR VALUE 100 Common No par

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



102396 DE	BC 02/07 2-18-50	PM
File Date	יירכט	
Check No.	MAR 2 2 7m	3282
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FOR SECRETA	RY OF STATE USE ONLY	

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

Signature of Officer

Jason M. Jarvis

Date

Print or Type Name of Officer

President

Form 630 12/01



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 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK) 1 Corporate ID No 2. Name of Corporation *102396* NEW ENGLAND TRUCK AND AUTO SHINE, INC 3. Street Address Principal Business Office City State Zip PO BOX 7541 CUMBERLAND RΙ 02864 4. Business Phone No. 5. State of Incorporation 6. SIC Code 4017664004 RHODE ISLAND 8888 7 Brief Description of the Character of Business Conducted in Rhode Island
GRAPHICS DESIGN, APPLICATION AND REMOVAL SERVICES FORTRUCKS, TRAILERS, CABS AND OTHER VEHICLES OR OTHER PARTIESSTATIONARY OR MOBILE 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BUX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Nume Jason M. Jarvis Melissa Jarvis Street Address Street Address P.O. Box 7541 P.O. Box 7541 City Zip State City State Zip Cumberland RI 02864 Cumberland RI 02864 Secretary Name Treasurer Name Melissa Jarvis Jason M. Jarvis Street Address Street Address P.O. Box 7541 P.O. Box 7541 City State City Zip Ζιр State Cumberland RI 02864 Cumberland RI 02864 9 NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR TACHMENT) [FILL IN SPACES BEFORE USING AUTACHMENTS Director Name Director Name Jason M. Jarvis Street Address Street Address P.O. Box 7541 City State Zip City State Cumberland RΙ 102864 Director Name Director Name Street Address Street Address City State City Zio State 10: SHARES AUTHORIZED CX: BOX FOR ATTACHMENTS ... TU! SHARES ISSUED ("X" BOX FOR ATTACHMEN AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Par Value Class/Series 1,000 NO PAR VALUE 100 Common No par 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. **102396* 1/24/0311:17:51 AM* nature of Office) Check No. √ason M. Jarviś Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2003
Filing Period: January 1 - March 1 Filing Fee: \$50.00	

FORM MUST BE TYPED	IN BLACK)				
I. Carparate ID No.	2. Name of Corpor				
102396		AND TRUCK AND	AUTO SHINE, INC.		
3. Street Address Principal I	Business Office		Ciry	State	Zip
			CUMBERLAND	RI	02864
€. Business Phone No. 4017664004		5. State of Incorpora			6. SIC Code 8888
Brief Description of the CGRAPHICS DESIGN,	Character of Business Con APPLICATION AND	ducted in Rhode Island	S FORTRUCKS, TRAILERS	. CABS AND OTHER VE	HICLES OR OTHER
8. NAMES AND ADDI	Y OR MOBILE.		<i>attachment</i> , [] fill in sp		
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Jason M. Jarvis	· 		• Melissa Jarvis		
Sireei Address P.O. Box 7541			Street Address P.O. Box 7541		
City	State	Zip	City	State	Ζίρ
Cumberland	RI	02864	. Cumberland	RI	02864
ecretary Name			Treasurer Name		• • • • • • • • • • • •
Melissa Jarvis			Jason M. Jarvis	l	
Sireei Address			· Street Address		
P.O. Box 7541			.P.O. Box 7541		
City	State	Zip	City	State	Zip
Cumberland	RI	02864	.Cumberland	RI	02864
9. NAMES AND ADDE	RESSES OF THE DIR	ECTORS C'X" BOX FO	Director Name	SPACES BEFORE USING A	TTACHMENTS
Jason M. Jarvis	•		, Director Name		
Greet Address			· Sireei Address		
P.O. Box 7541			· Sireel Address		
Ciny Cumberland	State RI	2ip 02864	•City	State	Zip
Director Name			Director Name		
Sireei Address			· Street Address		
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City	State	Zip	.City	State	Zip
10. SHARES AUTHOR	UZED ("X" BOX FOR	ATTACHMENT):	. II. SHARES ISSUED ("X	(" BÖX FOR ATTACHMENT	
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This report must be si	ianed in ink by eithe	or the President Vice	President, Secretary, Assi.	l	Page 1
	g w in the oy cline	., inc / residem, rici	: Tresident, Secretary, Assi.	sium Secretary, Treasur	er, neceiver or irusie
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			Under penalty of pe	rjury, I declare and affirm th	nat I have examined
·				g any accompanying schedu	
**102396* 1/24/0				its contained herein are true	
	TLED		(), _ ,	$h \cap A$	12 -16-12
File Date	D O A 4664	-	Xusul 1	1 yan	U3-11-US
Check No. MA	NR 20 2003		Signature of Officer	<i>∞</i>	ate
	ONN 110	7.	Jason M. Jai	-	
{ву.} Ву	000 1010	_	Print or Type Name of	Ojjicer	
FOR SECRETARY OF STA	ATE USE ONLY		President		
			Title of Officer		Form 630 12/0



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORP	ORATION	NANNUAL RE	EPORT FOR THE	E YEAR	OO2 STOP PIJASE READ INSTRUCTIONS
(FORM MUST BE TYPED IN BLA	ICK)				ASSINGUIGAS
1. Corporate ID No.	2. Name of Corpor	ration			
102396	NEW ENGL	LAND TRUCK AND AUTO	SHINE INC		
3. Street Address Principal Business	Office		City	State	Zip
PO BOX 7541			CUMBERLAND	RI	02864
4. Business Phone No.		5. State of Incorporation	4		6. SIC Code
(401) 766-40	04	RHODE ISLAN	D		8888
FOR TRUCKS,	TRAILERS,	in Rhode Island GRAPHI CABS, AND OTH	CS DESIGN, APPLICER VEHICLES OR O	THER PARTIE	REMOVAL SERVICES S STATIONARY OR *
President Name		FICERS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES B		ACHMENTS
JASON M. JAR Street Address	V 1.5		MELISSA JARV	15	
PO BOX 7541			Street Address PO BOX 7541		
City	State	7.ip	City	State	Zip
CUMBERLAND	RI	02864	CUMBERLAND	RI	02864
Secretary Name MELISSA JARV	IS		Treasurer Name JASON M. JAR	VIS	• • • • • • • • • • • • • • • • • • • •
PO BOX 7541		· · · · · · · · · · · · · · · · · · ·	Street Address PO BOX 7541		
City	State	Zip	City	State	Zip
CUMBERLAND	RΙ	02864	CUMBERLAND	RI	02864
9. NAMES AND ADDRESS Director Name JASON M. JAR		ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES Director Name .	BEFORE USING AT	TACHMENTS
Street Address			Street Address		
PO BOX 7541	_		•		
CHARERIAND	State	2.1p	City	State	Zip
CUMBERLAND Director Name	RI	02864	Director Name		
Street Addiess			Street Address		
City	State	Zip .	Clly	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES) ("X" BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED ("X"	* BOX FOR ATTACHMEN	UT)
Number of Shares	Class/Series	Par Volue	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee *MOBILE, AND ANY OTHER LAWFUL PURPOSES.

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File Date:	3-1-02	
Check No.:	1027	
Ву:	2.	
FOR SECRETARY	OF STATE USE ONLY	

1,000 NO PAR VALUE

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

common

JASON M JARVIS
Print or Type Name of Officer

PRESIDENT

Title of Officer **-€3>** 5

Form 630 12/01

no par

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: Junuary 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

ł.	Corporate	102396	
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2. Name of Corporation NEW ENGLAND TRUCK AND AUTO SHINE, INC.

3. Street Address Principal Business	Office		City	State	Zip
P.O. Box 754	1		Cumberland	RI	02864
4. Business Phone No.	0.4	S. Sinte of Incorporation RHODE ISLA	1		4 8888
(401) 766-400					
2. Brief Description of the Characte	r of Business Conducted	In Rhode Island Graphic	s design, applic	cations and m	removal servic
for trucks,	trailers,	cabs and other	vehicles or oth	ner parties :	stationary or
8. NAMES AND ADDRES President Name	SSES OF THE OFF	ICERS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTA	CHMENTS
Jason M. Jary Street Address	vis		Melissa Jarvi	s	
P.O. Box 754	1		P.O. Box 7541	1	
City	State	ZIp	City	State	Zip
Cumberland Secretary Name	RI	02864	Cumberland Treasurer Name	RI	02864
Melissa Jarvi	is		Jason Jarvis		•
Street Address			Street Address		-
P.O. Box 754	1		P.O. Box 7541		
City	State	Zip	City	State	715
Cumberland	RI	02864	Cumberland	RI	. zip 02864
9. NAMES AND ADDRES			•	S BEFORE USING ATT	
Director Name		DOTO TO THE TOTAL TOTAL AT	Director Name	DEFORE USING ATT	ACHBIENIS
Jsaon M. Jarv	/is				-
Street Address			: : Street Address		
P.O. Box 754	1		•		
City	State	Zip	. City	State	Zip
Cumberland	RI	02864	···· ,	 .	, z.ip
Director Name		, , , , , , , , , , , , , , , , , , , ,	Director Name	• • • • • • • • • • • • • • • • • • • •	
F			•		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZES AUTHORIZES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*)	* BOX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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			and any other la		
	IBIS BBIIB) BBB 11118 18118	• III I • • • • • • • • • • • • • • • •		Probooc	• •

File Date:	3-16-01	
Check No.:	2691	
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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

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Joson M Jarus	3-12-01		
Standanire of Officer	Date		
JASON M. JARVIS			
Print or Type Name of Officer	·		

PRESIDENT

Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

102396

NEW ENGLAND TRUCK AND AUTO SHINE, INC.

3. Street Address Principal Business	Office		City	State	Zip
P.O. Box 7541			Cumberland	RI	02864
4. Business Phone No.		S. State of Incorporation			6. SIC Code
(401) 766-4004		RHODE ISLAN	D		
7. Brief Description of the Character	of Business Conducted I	n Rhode Island Graphic:	s design, applicat	tionsand	removal services
			whicles or other		
8. NAMES AND ADDRES	SES OF THE OFFI	CERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES BEI	ORE USING AT	TACHMENTS
Jason M. Jarvi Street Address	. s		Melissa Jarvis Street Address		
P.O. Box 7541			P.O. Box 7541		
City	State	Zip	City	State	Zip
Cumberland Secretary Name	RI	02864	Cumberland Treasurer Name	RI	02864
Melissa Jarvis Street Address	3		Jason Jarvis Street Address		
P.O. Box 7541	•		P.O. Box 7541		
City	.1 State	Zip	City	State	Zip
Cumberland	RI	02864	Cumberland	RI	02864
9. NAMES AND ADDRES. Director Name	SES OF THE DIRI	ECTORS ("X" BOX FOR ATT	FILL IN SPACES B Director Name	EFORE USING	ATTACHMENTS
Jason M. Jarvi Street Address	. s		Street Address		
J / *******************************					
P.O. Box 7541					
	State	Zip	City	State	Zip
P.O. Box 7541	State R I	21p 02864	City Director Name	State	ZIP
P.O. Box 7541 Cumberland	_	•	·	State	ZIÞ
P.O. Box 7541 City Cumberland Director Name	_	•	Director Name	State	Zip Zip
P.O. Box 7541 City Cumberland Director Name Street Address	R I	02864 zip	Director Name Street Address	State	Zip
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P.O. Box 7541 City Cumberland Director Name Street Address City 10. SHARES AUTHORIZE	R I State D (*X* BOX FOR ATT) Class/Series	0 2 8 6 4 Zip ACHMENT)	Director Name Street Address City 11. SHARES ISSUED (*X* 1) ISSUED SHARES	State BOX FOR ATTACH:	ZIP MENT)

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

	* 1 0 2 3 9 6 *	* mobile, and any other lawful purpose. Under penalty of perjury, I declare and affirm that this report, including any accompanying schedule:
lle Date:	3/17/00	that all statements contained herein are true and c
heck No.:	1786	Separature of Officer D
V	21	JASON M JARVIS Print or Type Name of Officer

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

all statements contained herein are true and correct.

PRESIDENT Title of Officer

(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

102398	NEW ENGL	ÄND TRUCK AND	AUTO SHINE, INC.		
3. Street Address Principal Business (P.O. Box 7541	Office		^{Clby} Cumberland	State RI	02864
4. Business Phone No. (401)		S. State of Incorporation RHODE ISLA	ÄND	•	6. SIC Code
7. Brief Description of the Character	of Business Conducted i	n Rhode Island Graphi	.cs design, applic	ation and	removal service
for trucks, trai	ilers, cab	s and other v	ehicles or other	parties sta	ationary or *
8. NAMES AND ADDRESS	SES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT) (FILL IN SPACES B		CHMENTS
President Name Jason M. Jarvis			Vice President Name Melissa Jarvis	;	
Street Address P.O. Box 7541			Street Address P.O. Box 7541	· 	
Clumberland	State RI	02864	Cumberland	State RI	02864
Secretary Name Melissa Jarvis	- 15 - 4 1 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	··· •• ••••• •• •• •• •• •• •• •• •• ••	Treasurer Name : Jason M. Jarvi	s	
Street Address P.O. Box 7541			Street Address P.O. Box 7541	-	
Cumberland	State RI	02864	Cumberland	State	02864
9. NAMES AND ADDRESS	ES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT) (FILL IN SPACES	BEFORE USING AT	TACHMENTS
Director Name Jason M. Jarvis		<u> </u>	Director Name	22.000 20.1000	EXECUTIVE OF THE PROPERTY OF T
Street Address P.O. Box 7541	- - .		Street Address		
Cumberland	State RI	^{Zip} 02864	City	State	zip !
Director Name	******	• • • • • • • • • • • • • • • • • • • •	Director Name	••••••••••••	
Street Address		-	Street Address		
City	State	r Zip · · -	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	TX BOX FOR ATTA	ICHMENT)	11. SHARES ISSUED (*X	BOX FOR ATTACHMEN	V7) [
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1 166101		*mot	oile, and any othe	er lawful p	urpose.

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. FOR SECRETARY OF STATE USE ONLY Title of Officer