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
Street Address	Street Address
P.O. Box 7541	P.O. Box 7541
City / State / Zip	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 / Zip	City / State / Zip
Cumberland / RI / 02864	Cumberland / RI / 02864

9. NAMES AND ADDRESSES OF THE DIRECTORS ("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
Street Address	Street Address
City / State / Zip	City / State / Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	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

[redacted] 102396 [redacted]

102396 DBC 02/07/05 12:48:50 PM
File Date FILED MAR 22 2005
Check No. 3282
By
FOR SECRETARY OF STATE USE ONLY

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

Jason M. Jarvis 2-16-05
Signature of Officer *Date*

Jason M. Jarvis
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 ● Filing Fee: $50.00

(FORM MUST BE TYPED 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 M. Jarvis	Melissa 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
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 *("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**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*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*

[redacted] [redacted]

102396

**102396* 1/24/03 11:17:51 AM*

File Date 4/1/04

Check No 2411

By: LS.

FOR SECRETARY OF STATE USE ONLY

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

Jason M. Jarvis 3-1-04

Signature of Officer *Date*

Jason M. Jarvis

Print or Type Name of Officer

[redacted] President

Title of Officer

Form 630 12/01

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 2003

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 M. Jarvis	Melissa 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
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 ("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**
Street Address	**Street Address**
City / State / Zip	**City / State / Zip**

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

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

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

Number of Shares	Class/Series	Par Value
100	Common	

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

[redacted] *102396*

**102396* 1/24/0[redacted] FILED
File Date MAR 20 2003
Check No. By CMA 169
By:
FOR SECRETARY OF STATE USE ONLY

[redacted]

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

Jason M Jarvis 03-18-03
Signature of Officer *Date*

Jason M. Jarvis
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 102396

2. Name of Corporation: NEW ENGLAND TRUCK AND AUTO SHINE, INC.

3. Street Address Principal Business Office: PO BOX 7541 — City: CUMBERLAND — State: RI — Zip: 02864

4. Business Phone No.: (401) 766-4004

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 8888

7. Brief Description of the Character of Business Conducted in Rhode Island: GRAPHICS DESIGN, APPLICATIONS AND REMOVAL SERVICES FOR TRUCKS, TRAILERS, CABS, AND OTHER VEHICLES OR OTHER PARTIES STATIONARY OR *

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

President Name: JASON M. JARVIS
Street Address: PO BOX 7541
City: CUMBERLAND State: RI Zip: 02864

Vice President Name: MELISSA JARVIS
Street Address: PO BOX 7541
City: CUMBERLAND State: RI Zip: 02864

Secretary Name: MELISSA JARVIS
Street Address: PO BOX 7541
City: CUMBERLAND State: RI Zip: 02864

Treasurer Name: JASON M. JARVIS
Street Address: PO BOX 7541
City: CUMBERLAND State: RI Zip: 02864

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

Director Name: JASON M. JARVIS
Street Address: PO BOX 7541
City: CUMBERLAND State: RI Zip: 02864

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

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

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

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares	Class/Series	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

*MOBILE, AND ANY OTHER LAWFUL PURPOSES.

* 102396 *

File Date: 3-1-02

Check No.: 1027

By: Ac

FOR SECRETARY OF STATE USE ONLY

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

Jason M. Jarvis — 2-28-02
Signature of Officer — *Date*

JASON M. JARVIS
Print or Type Name of Officer

PRESIDENT
Title of Officer

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate I.D. No. 102396

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

3. Street Address Principal Business Office: P.O. Box 7541 — City: Cumberland — State: RI — Zip: 02864

4. Business Phone No.: (401) 766-4004

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 8888

7. Brief Description of the Character of Business Conducted in Rhode Island: Graphics design, applications and removal services for trucks, trailers, cabs and other vehicles or other parties stationary or *mobile, and any other lawful prupose.

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

President Name: Jason M. Jarvis
Street Address: P.O. Box 7541
City: Cumberland State: RI Zip: 02864

Vice President Name: Melissa Jarvis
Street Address: P.O. Box 7541
City: Cumberland State: RI Zip: 02864

Secretary Name: Melissa Jarvis
Street Address: P.O. Box 7541
City: Cumberland State: RI Zip: 02864

Treasurer Name: Jason Jarvis
Street Address: P.O. Box 7541
City: Cumberland State: RI Zip: 02864

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

Director Name: Jsaon M. Jarvis
Street Address: P.O. Box 7541
City: Cumberland State: RI Zip: 02864

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

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

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

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares	Class/Series	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

File Date: 3-16-01

Check No.: 2691

By: Dc

FOR SECRETARY OF STATE USE ONLY

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

Jason M Jarvis — 3-12-01
Signature of Officer — *Date*

JASON M. JARVIS
Print or Type Name of Officer

PRESIDENT
Title of Officer

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

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 102396
2. Name of Corporation: NEW ENGLAND TRUCK AND AUTO SHINE, INC.
3. Street Address Principal Business Office: P.O. Box 7541 — City: Cumberland — State: RI — Zip: 02864
4. Business Phone No.: (401) 766-4004
5. State of Incorporation: RHODE ISLAND
6. SIC Code:
7. Brief Description of the Character of Business Conducted in Rhode Island: Graphics design, applicationsand removal services for trucks, trailers, cabs and other vehicles or other parties stationary or * mobile, and any other lawful purpose.

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

President Name: Jason M. Jarvis	Vice President Name: Melissa Jarvis
Street Address: P.O. Box 7541	Street Address: P.O. Box 7541
City: Cumberland — State: RI — Zip: 02864	City: Cumberland — State: RI — Zip: 02864
Secretary Name: Melissa Jarvis	Treasurer Name: Jason Jarvis
Street Address: P.O. Box 7541	Street Address: P.O. Box 7541
City: Cumberland — State: RI — Zip: 02864	City: Cumberland — State: RI — Zip: 02864

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

Director Name: Jason M. Jarvis	Director Name:
Street Address: P.O. Box 7541	Street Address:
City: Cumberland — State: RI — Zip: 02864	City: — State: — Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: — State: — Zip:	City: — State: — Zip:

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	commom	no par

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

[redacted]

102396

File Date: 3/17/00

Check No.: 1786

By: JL

FOR SECRETARY OF STATE USE ONLY

[redacted]

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

Jason M. Jarvis — 2-10-00
Signature of Officer — *Date*

JASON M. JARVIS
Print or Type Name of Officer

PRESIDENT
Title of Officer

Form 630 12/96

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 102396

2. Name of Corporation: NEW ENGLAND TRUCK AND AUTO SHINE, INC.

3. Street Address Principal Business Office: P.O. Box 7541 — City: Cumberland — State: RI — Zip: 02864

4. Business Phone No.: (401)

5. State of Incorporation: RHODE ISLAND

6. SIC Code:

7. Brief Description of the Character of Business Conducted in Rhode Island: Graphics design, application and removal services for trucks, trailers, cabs and other vehicles or other parties stationary or *

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

President Name: Jason M. Jarvis
Street Address: P.O. Box 7541
City: Cumberland — State: RI — Zip: 02864

Vice President Name: Melissa Jarvis
Street Address: P.O. Box 7541
City: Cumberland — State: RI — Zip: 02864

Secretary Name: Melissa Jarvis
Street Address: P.O. Box 7541
City: Cumberland — State: RI — Zip: 02864

Treasurer Name: Jason M. Jarvis
Street Address: P.O. Box 7541
City: Cumberland — State: RI — Zip: 02864

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

Director Name: Jason M. Jarvis
Street Address: P.O. Box 7541
City: Cumberland — State: RI — Zip: 02864

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

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

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

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100		No Par

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 purpose.

FILED

File Date: MAY 20 1999

Check No.: By CA1064

By:

FOR SECRETARY OF STATE USE ONLY

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

Jason M Jarvis — 2-23-98
Signature of Officer — Date

JASON M. JARVIS
Jason M JARVIS
Print or Type Name of Officer

PRESIDENT
Title of Officer