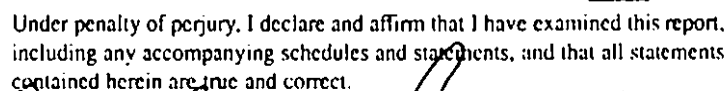


Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

Filing Period: January 1 - March 1 •• Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

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



Signature of Officer 1/29/05 Date

Manuel J Amador
Print or Type Name of Officer

President
Title of Officer

Form 630 Rev. 12/03

File Date 2 2-05
Check No. 29818
By: 2

FOR SECRETARY OF STATE USE ONLY



Office of the Secretary of State
Matthew A. Brown, Secretary of State

100 North Main Street
Providence, RI 02903-1335
401.222.3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 70698		2. Name of Corporation Manny's Service Center, Inc.			
3. Street Address Principal Business Office 645 Armistice Blvd.			City Pawtucket	State R.I.	Zip 02771
4. Business Phone No. 401-726-9040		5. State of Incorporation RHODE ISLAND			6. SIC Code 8953
7. Brief Description of the Character of Business Conducted in Rhode Island OWN AND OPERATE AN AUTO REPAIR & GENERAL AUTOMOTIVE SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Manuel J. Amaral			Vice President Name Maria A. Amaral		
Street Address 63 Turnstone Lane			Street Address 63 Turnstone Lane		
City Seekonk	State Mass.	Zip 02771	City Seekonk	State Mass.	Zip 02771
Secretary Name Maria A. Amaral			Treasurer Name Manuel J. Amaral		
Street Address 63 Turnstone Lane			Street Address 63 Turnstone Lane		
City Seekonk	State Mass.	Zip 02771	City Seekonk	State Mass.	Zip 02771
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Maria A. Amaral			Director Name Manuel J. Amaral		
Street Address 63 Turnstone Lane			Street Address 63 Turnstone Lane		
City Seekonk	State Mass.	Zip 02771	City Seekonk	State Mass.	Zip 02771
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1,000	Common	no par value
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	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



* 7 0 6 9 8 *

File Date 2/13/04
Check No. 29014
By: Qu
FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer Manuel J. Amaral Date 2/11/04
Print or Type Name of Officer Manuel J. Amaral
Title of Officer President



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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

70698

2. Name of Corporation

Manny's Service Center, Inc.

3. Street Address Principal Business Office

645 ARMISTICE BLVD.

City

PAWTUCKET

State

R.I.

Zip

02861

4. Business Phone No.

401-726-9040

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8953

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

AUTO REPAIR AND GENERAL AUTOMOTIVE SERVICES

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

President Name

MANUEL J. AMARAL

Vice President Name

MARIA A. AMARAL

Street Address

63 TURNSTONE LANE

Street Address

63 TURNSTONE LANE

City

SEEKONK

State

MASS.

Zip

02771

City

SEEKONK

State

MASS.

Zip

02771

Secretary Name

MARIA A. AMARAL

Treasurer Name

MANUEL J. AMARAL

Street Address

63 TURNSTONE LANE

Street Address

63 TURNSTONE LANE

City

SEEKONK

State

MASS.

Zip

02771

City

SEEKONK

State

MASS.

Zip

02771

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

Director Name

MARIA A. AMARAL

Director Name

MANUEL J. AMARAL

Street Address

63 TURNSTONE LANE

Street Address

63 TURNSTONE LANE

City

SEEKONK

State

MASS.

Zip

02771

City

SEEKONK

State

MASS.

Zip

02771

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

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

1,000

Common

No Par Value

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



* 7 0 6 9 8 *

File Date: 2/14/03

Check No.: 28203

By: SM

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.

Manuel J. Amaral
Signature of Officer Date

Manuel J. Amaral
Print or Type Name of Officer

President
Title of Officer



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

70698

2. Name of Corporation

Manny's Service Center, Inc.

3. Street Address Principal Business Office

645 Armistice Blvd.

City

Pawtucket

State

R.I.

Zip

02861

4. Business Phone No.

(401) 726-9040

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8953

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

Auto repair and general automotive services

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

President Name

Manuel J. Amaral

Vice President Name

Maria A. Amaral

Street Address

63 Turnstone lane

Street Address

63 Turnstone Lane

City

Seekonk

State

Mass.

Zip

02771

City

Seekonk

State

Mass.

Zip

02771

Secretary Name

Maria A. Amaral

Treasurer Name

Manuel J. Amaral

Street Address

63 Turnstone Lane

Street Address

63 Turnstone Lane

City

Seekonk

State

Mass.

Zip

02771

City

Seekonk

State

Mass.

Zip

02771

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

Director Name

Maria A. Amaral

Director Name

Manuel J. Amaral

Street Address

63 Turnstone Lane

Street Address

63 Turnstone Lane

City

Seekonk

State

Mass.

Zip

02771

City

Seekonk

State

Mass.

Zip

02771

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

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

1,000

Common

No par value

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



* 7 0 6 9 8 *

File Date:

2/20/02

Check No.:

27313

By:

[Signature]

FOR SECRETARY OF STATE USE ONLY

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

[Signature] 2/18/02
Signature of Officer Date

Manuel J. Amaral
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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **70698** 2. Name of Corporation **Manny's Service Center, Inc.**

3. Street Address Principal Business Office
645 Armistice Blvd.

City **Pawtucket** State **Rhode Island** Zip **02861**

4. Business Phone No.
(401) 726-9040

5. State of Incorporation
RHODE ISLAND

6. SIC Code
8953

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

Auto repair and general automotive services

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

President Name

Manuel J. Amaral

Vice President Name

Maria A Amaral

Street Address

63 Turnstone Lane

Street Address

63 Turnstone Lane

City **Seekonk** State **Mass.** Zip **02771**

City **Seekonk** State **Mass.** Zip **02771**

Secretary Name

Maria A Amaral

Treasurer Name

Manuel J. Amaral

Street Address

63 Turnstone Lane

Street Address

63 Turnstone Lane

City **Seekonk** State **Mass.** Zip **02771**

City **Seekonk** State **Mass.** Zip **02771**

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

Director Name

Maria Amaral

Director Name

Manuel J. Amaral

Street Address

63 Turnstone Lane

Street Address

63 Turnstone Lane

City **Seekonk** State **Mass.** Zip **02771**

City **Seekonk** State **Mass.** Zip **02771**

Director Name

Director Name

Street Address

Street Address

City **Seekonk** State **Mass.** Zip **02771**

City **Seekonk** State **Mass.** Zip **02771**

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

AUTHORIZED SHARES

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

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

ISSUED SHARES

Number of Shares **1,000** Class/Series **Common** Par Value **no par value**

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



* 7 0 6 9 8 *

File Date: 2/27

Check No.: 26393

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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

Manuel J. Amaral 2/24/01
Signature of Officer Date

Manuel J. Amaral
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



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.

70698

2. Name of Corporation

Manny's Service Center, Inc.

3. Street Address Principal Business Office

645 Armistice Blvd.

City

Pawtucket

State

Rhode Island

Zip

02861

4. Business Phone No.

(401) 726-9040

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8953

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

Auto repair and general automotive services

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Manuel J. Amaral

Vice President Name

Maria A Amaral

Street Address

63 Turnstone Lane

Street Address

63 Turnstone Lane

City

Seekonk,

State

Mass.

Zip

02771

City

Seekonk,

State

Mass.

Zip

02771

Secretary Name

Maria A Amaral

Treasurer Name

Manuel J. Amaral

Street Address

63 Turnstone Lane

Street Address

63 Turnstone Lane

City

Seekonk

State

Mass.

Zip

02771

City

Seekonk

State

Mass.

Zip

02771

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Maria Amaral

Director Name

Manuel J. Amaral

Street Address

63 Turnstone Lane

Street Address

63 Turnstone Lane

City

Seekonk

State

Mass.

Zip

02771

City

Seekonk

State

Mass.

Zip

02771

Director Name

Street Address

City

State

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

no par value

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



* 7 0 6 9 8 *

File Date: 2-16-00

Check No.: 25308

By: AMF

FOR SECRETARY OF STATE USE ONLY

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

Signature of Officer: Manuel J. Amaral Date: 2/12/00

Print or Type Name of Officer: Manuel J. Amaral

Title of Officer: President



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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **70698** 2. Name of Corporation **Manny's Service Center, Inc.**

3. Street Address Principal Business Office

645 Armistice Blvd.

4. Business Phone No.

(401) 726-9040

5. State of Incorporation
RHODE ISLAND

City

Pawtucket

State

R.I.

Zip

02861

6. SIC Code
8953

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

Auto repair and general automotive services

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

President Name

Manuel J. Amaral

Street Address

63 Turnstone Lane

City

Seekonk

State

Mass.

Zip

02771

Vice President Name

Maria A. Amaral

Street Address

63 Turnstone Lane

City

Seekonk

State

Mass.

Zip

02771

Secretary Name

Maria A. Amaral

Street Address

63 Turnstone Lane

City

Seekonk

State

Mass.

Zip

02771

Treasurer Name

Manuel J. Amaral

Street Address

63 Turnstone Lane

City

Seekonk

State

Mass.

Zip

02771

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

Director Name

Maria A. Amaral

Street Address

63 Turnstone Lane

City

Seekonk

State

Mass.

Zip

02771

Director Name

Manuel J. Amaral

Street Address

63 Turnstone Lane

City

Seekonk

State

Mass.

Zip

02771

Street Address

City

State

Zip

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

no par value.

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



* 7 0 6 9 8 *

File Date: **3.1.99**

Check No.: **24192**

By: **10P**

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.

Manuel J. Amaral
Signature of Officer Date

Manuel J. Amaral
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
401-277-3040

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. **70698** 2. Name of Corporation **Manny's Service Center, Inc.**

3. Street Address (Principal Business Office)
645 Armistice Blvd.

City **Pawtucket** State **R.I.** Zip **02861**

4. Business Phone No.
(401) 726-9040

5. State of Incorporation
RHODE ISLAND

6. SIC Code
8953

7. Brief Description of the Character of Business Conducted in Rhode Island
Auto repair and general automotive services

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

President Name

Manuel J. Amaral

Street Address

63 Turnstone Lane

City **Seekonk** State **Mass.** Zip **02771**

Vice President Name

Maria A. Amaral

Street Address

63 Turnstone Lane

City **Seekonk** State **Mass.** Zip **02771**

Secretary Name

Maria A. Amaral

Street Address

63 Turnstone Lane

City **Seekonk** State **Mass.** Zip **02771**

Treasurer Name

Manuel J. Amaral

Street Address

63 Turnstone Lane

City **Seekonk** State **Mass.** Zip **02771**

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

Director Name

Maria A Amaral

Street Address

63 Turnstone Lane

City **Seekonk** State **Mass.** Zip **02771**

Director Name

Manuel J.. Amaral

Street Address

63 Turnstone Lane

City **Seekonk** State **Mass.** Zip **02771**

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 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares Class/Series Par Value

1,000 common no par value

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



* 7 0 6 9 8 *

File Date: **2.19.98**

Check No.: **22842**

By: **UP**

FOR SECRETARY OF STATE USE ONLY

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

Manuel J. Amaral **2/17/98**
Signature of Officer Date

Manuel J. Amaral
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
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

70698

2. Name of Corporation

Manny's Service Center, Inc.

3. Street Address Principal Business Office

645 Armistice Blvd.

City

Pawtucket

State

R.I.

Zip

02861

4. Business Phone No.

(401) 726-9049

5. State of Incorporation

RHODE ISLAND

6. SIC Code

8953

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

Auto repair and general automotive services

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

President Name

Manuel J. Amaral

Vice President Name

Maria A. Amaral

Street Address

63 Turnstone Lane

Street Address

63 Turnstone Lane

City

Seekonk

State

Mass.

Zip

02771

City

Seekonk

State

Mass.

Zip

02771

Secretary Name

Maria A. Amaral

Treasurer Name

Manuel J. Amaral

Street Address

63 Turnstone Lane

Street Address

63 Turnstone Lane

City

Seekonk

State

Mass.

Zip

02771

City

Seekonk

State

Mass.

Zip

02771

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

Director Name

Maria A. Amaral

Director Name

Manuel J. Amaral

Street Address

63 Turnstone Lane

Street Address

63 Turnstone Lane

City

Seekonk

State

Mass.

Zip

02271

City

Seekonk

State

Mass.

Zip

02771

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

common

no par value

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



* 7 0 6 9 8 *

File Date: 2-18-97

Check No.: 21689

By: UP JEL

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.

Manuel J. Amaral 2/15/97

Signature of Officer

Date

Manuel J. Amaral

Print or Type Name of Officer

President

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, *Secretary of State*
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.		2. NAME OF CORPORATION		
70698		Manny's Service Center, Inc.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE		CITY	STATE	ZIP CODE
645 Armistice Blvd.		Pawtucket	R.I.	02861
4. BUSINESS PHONE NO.		5. STATE OF INCORPORATION		6. SIC CODE
(401) 726-9049		RHODE ISLAND		8953
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND				
Auto repair and general automotive services				

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME			VICE PRESIDENT NAME		
Manuel J. Amaral			Maria J. Amaral		
STREET ADDRESS			STREET ADDRESS		
63 Turnstone Lane			63 Turnstone Lane		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Seekonk	Mass.	02771	Seekonk	Mass.	02771
SECRETARY NAME			TREASURER NAME		
Maria A Amaral			Manuel J. Amaral		
STREET ADDRESS			STREET ADDRESS		
63 Turnstone Lane			63 Turnstone Lane		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Seekonk	Mass.	02771	Seekonk	Mass.	02771

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME			DIRECTOR NAME		
Maria A Amaral			Manuel J. Amaral		
STREET ADDRESS			STREET ADDRESS		
63 Turnstone Lane			63 Turnstone Lane		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
Seekonk	Mass.	02771	Seekonk	Mass.	02771
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS NO PAR VALUE			1,000	common	no par value

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.

File Date: 3/1/96

Check No: 20528

By: CP

For Secretary of State Use Only

Signature of Officer

Manuel J. Amaral

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

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0070698

1995

Corporate ID: _____ Annual Report for the year: _____

Manny's Service Center, Inc.

Name of Corporation: _____

Business entity organized under the laws of the State of: R.I. Business Entity is (check one):For foreign entity, address and telephone number of principal office: ☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: () _____

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

645 Armistice Blvd. Pawtucket, RI

Phone: (401) 726-9049

Brief statement of the character of business conducted in Rhode Island:

Auto repair and general automotive services

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Manuel J. Amaral	63 Turnstone Lane	Seekonk, Mass.	02771

VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Maria A. Amaral	63 Turnstone Lane	Seekonk, Mass.	02771

SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Maria A. Amaral	63 Turnstone Lane	Seekonk, Mass.	02771

TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Manuel J. Amaral	63 Turnstone Lane	Seekonk, Mass.	02771

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Maria A. Amaral	63 Turnstone Lane	Seekonk, Mass.	02771

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Manuel J. Amaral	63 Turnstone Lane	Seekonk, Mass.	02771

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
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NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares 1000 Class / Series Common Number of Shares 1000 Class / Series Common

Date: March 1, 1995

By:

Manuel J. Amaral

PRESIDENT

TITLE OF OFFICER SIGNING

Form 31 1995

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

FILED

NORMAND G. CHAMPEAU
345 NORTH MAIN STREET
WOONSOCKET RI 02895

MAR 16 1995

By: [Signature] 18876

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

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

Corporate ID: 0070638 Annual Report for the year: 1994

Name of Business Entity: Manny's Service Center, Inc.

Business entity organized under the laws of the State of R.I.

Federal Taxpayer Identification Number [REDACTED]

For foreign entity, address and telephone number of principal office:

Phone: ()

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

645 Armistice Blvd. Pawtucket, R.I.

Phone: 401 726-9049

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Manuel J. Amaral President

645 Armistice Blvd.

Pawtucket, R.I.

Brief statement of the character of business conducted in Rhode Island:

Auto repair and general automotive

services

Date of Organization 1/1/93 12/28/92 Rem

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (SEE RIGL 7-1.1)			
<u>Manuel J. Amaral</u>	<u>63 Turnstone Lane, Seekonk, Mass.</u>	<u>02771</u>	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (SEE RIGL 7-1.1)			
<u>Maria A. Amaral</u>	<u>63 Turnstone Lane, Seekonk, Mass.</u>	<u>02771</u>	
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (SEE RIGL 7-1.1)			
<u>Maria A. Amaral</u>	<u>63 Turnstone Lane, Seekonk, Mass.</u>	<u>02771</u>	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (SEE RIGL 7-1.1)			
<u>Manuel J. Amaral</u>	<u>63 Turnstone Lane, Seekonk, Mass.</u>	<u>02771</u>	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Maria A. Amaral</u>	<u>63 Turnstone Lane, Seekonk, Mass.</u>	<u>02771</u>	
<u>Manuel J. Amaral</u>	<u>63 Turnstone Lane, Seekonk, Mass.</u>	<u>02771</u>	

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 1000

CLASS Common

SERIES

PAR VALUE OR
WITHOUT PAR No par value

Date February 18 19 94

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 1000

CLASS Common

SERIES

PAR VALUE OR
WITHOUT PAR No par value

By Manuel J. Amaral

Manuel J. Amaral

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

NORMAND G. CHAMPEAU
345 NORTH MAIN STREET
WOONSOCKET RI 02895

FILED
FEB 22 1994
By Rem CK 17681