

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

Form 630 Rev. 12/03

401 222 3040

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

. Corporate ID No	2. Name of Corpo	ration			-
70698	Manny's Se	ervice Center, Inc.			
Street Address Principal Bustine 645 Armistice 8	•••		City	State	<i>Σφ</i> 02860
Husiness Phone No.	.vu.	5. State of Incorporation	<u>Pawtucket</u>		6. SIC Code
401-726-9040		RHODE ISLAN			8953
Brief Description of the Character OWN AND OPERATE	ter of Business Conducte AN AUTO REPAIR	ed in Rhode Island & GENERAL AUTOMOTIV			1 0303
NAMES AND ADDRESS	SES OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) FILL II	N SPACES BEFORE USIN	NG ATTACHMENTS
resident Name		·	Vice President Name	_	
Manuel J. Amaral	<u>. </u>		Maria A. Amara	11	
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ily .	State	Zip	City	State	Zip
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	I	CTORS: ("X" BOX FOR	;	IN SPACES BEFORE US	l
Director Name		,	Director Name		
Maria A. Amaral	<u> </u>		Manuel J. Amar	:al	
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63 Turnstone Lar		1 220	63 Turnstone I		
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treet Address			Street Address		
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uy	State	Zip	City	State	Z(p
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umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1.000 NO DAD VALUE					
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rais report must i	oc signed in ink by	either the President, vic	e President, Secretary, Assis	stant Secretary, Treasure	r, Receiver or Trust
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			linder penalty of	perjury. I declare and affirm	that I have examined
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2 2				are true and correct.	//
File Date	- 05		(home	Manoral	/ //
	78 T		Signature of Office		Dat
298				•	
Check No	 		Manuel	J Amorsi	
File Date 2. J Check No	2.			J Amoral	 -
Check No	<u> </u>	! 	Print or Type Name Reside Tule of Officer		<u> </u>

100 North Main Street

Providence, RI 02903-1335 401-222-3046

PROFIT CORPORATIO	N /	NNUAL REPORT	FOD THE VEAD	2004
Filing Period: January 1 - March 1	•	Filling Fact 150.00	TOR THE TEAK	2004

70698	2. Name of Gorpo	ration			
	Manny's Ser	vice Center, Inc.			
3. Street Address Principal Busine 645 Armistice	ss Office		City	State	Zip
. Business Phone No.		5. State of Incorporati	Pawtucket	R.I.	02771
401-726-9040		5 ,100 - 101			6. SIC Code
Brief Description of the Charact	er of Business Conducte	RHODE ISLAN			8953
NAMES AND ADDRESS	IN AUTO REPAIR &	. GENERAL AUTOMOTIVI	E SERVICES		
. NAMES AND ADDRESS	ES OF THE OFFIC	ERS: ("X" BOX FOR A		N SPACES BEFORE US	ING ATTACHMENTS
Manuel J. Amara	al		vice President Name Maria A. Amar		
reet Address			Street Address	<u> </u>	
63 Turnstone La	ine	_	63 Turnstone	Lane	
Seekonk	State	Zip	City	State	Zip
cretary Name	Mass.	02771	Seekonk	Mass.	02771
Maria A. Amaral	L		Treasurer Name		
rei Address	<u> </u>		Manuel J. Ama	<u>ral</u>	
63 Turnstone La	ine		Street Address	T -	
'y C 1 1	State	Zip	63 Turnstone	Lane	
Seekonk.	Mass.	02771	Cool	Mass.	Zip
NAMES AND ADDRESSE	S OF THE DIRECT	TORS: ("X" BOX FOR		IN SPACES BEFORE U	02771
Maria A. Amaral			Director Name Manuel J. Amai		
63 Turnstone La			Street Address	rai.	
			63 Turnstone I	lano	
Seekonk	State Mass.	^{2:/p} 02771	City	State	1.00
vetor Name	Tass.	027/1	Seekonk	Mass.	^{Ζίρ} 02771
cetor vanie			Director Name		
ret Address			 		
			Street Address		
<i>y</i>	State	Zip	City	State	7/0
SWADES AUTHORISES					Zip
SHARES AUTHORIZED THORIZED SHARES	("X" BOX FOR A	TTACHMENT) [11. SHARES ISSUED	("X" BOX FOR ATTAC	 HMENT)
uber of Shares	Class/Series	Po- Mala	ISSUED SHARES	_ 	
	VIII VIII VIII VIII VIII VIII VIII VII	Par Value	Number of Shares	Class/Series	Par Value
			1,000		
000 NO PAR VALUE				Common	no par value
000 NO PAR VALUE			1		
					
	signed in ink by ci	ither the President, Vice	President, Secretary, Assista	ant Secretary, Treasurer	Receiver or Tructua
	signed in ink by e	ither the President, Vice	President, Secretary, Assista	ant Secretary. Treasurer.	Receiver or Trustee
	signed in ink by ci	ither the President, Vice	President, Secretary, Assista	ant Secretary, Treasurer,	Receiver or Trustee
	signed in ink by c	ither the President, Vice	President, Secretary, Assista	ant Secretary, Treasurer,	Receiver or Trustee
	signed in ink by c	ither the President, Vice	Under penalty of per	rjury, I declare and affirm (that I have examined this ma
	signed in ink by c	ither the President, Vice	Under penalty of per including any accom	rjury, I declare and affirm (that I have examined this ma
This report must be	signed in ink by c	ither the President. Vice	Under penalty of per	rjury, I declare and affirm (that I have examined this reputements, and that all statements
This report must be	signed in ink by c	ither the President, Vice	Under penalty of per including any accom	rjury, I declare and affirm (that I have examined this ma
This report must be	signed in ink by c	ither the President, Vice	Under penalty of per including any accommodation contained herein are Signature of Officer	rjury, I declare and affirm to opanying schedules and sta true, and correct.	that I have examined this reputements, and that all statements
This report must be to the desired and the des	signed in ink by c	ither the President, Vice	Under penalty of per including any accommodation contained herein are Signature of Officer	rjury, I declare and affirm to opanying schedules and sta true, and correct.	that I have examined this repotements, and that all statements
This report must be	9698 04 70/4 21	ither the President, Vice	Under penalty of per including any accom	rjury, I declare and affirm opanying schedules and statement and correct. Americal	that I have examined this repotements, and that all statements

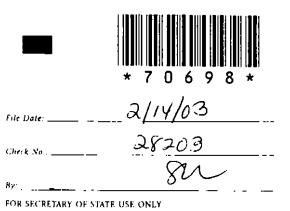
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2003 PROFIT CORPORATION ANNUAL REPORT FOR THE VEAR

Filing Period: January . (FORM MUST BE TYPED OR PRINTE		1111113 1 CC. \$30.00			INSTRUCTION
1. Corporate ID No.	2. Name of Corpore	ition			
70698	Manny's Se	rvice Center, Inc.			
3. Street Address Principal Business C 645 ARMISTICE BLV			PAWTUCKET	State R.I.	02861
4 Business Phone No. 401-726-9040		5 State of Incorporati RHODE ISLA			6. SIC Code 8953
7 Brief Description of the Character & AUTO (REPAIR AND G		in Rhode Island			0300
8. NAMES AND ADDRESS President Name MANUELLJ. AMARAL	ES OF THE OFF	ICERS (*X* BOX FOR ATT	TACHMENT) FILL IN SPACES B Vice President Name MARIA A. AMARAL	EFORE USING ATTA	CHMENTS
Street Address TURNSTONE LANE	E		63 TURNSTONE LA	NE	
SEEKONK Secretary Name MARIA A. AMARAL	State MASS.	^{Zip} 02771	City SEEKONK Treasurer Name MANUEL J. AMARA	State MASS. L	^{Zip} 02771
63 TURNSTONE LANE	State	Zip	Street Address 63 TURNSTONE LA	State	/vp
SEEKONK	MASS.	02771	ŚEEKONK	MASS.	΄δ2771
9. NAMES AND ADDRESS Director Name MARIA A. AMARAL	ES OF THE DIR	ECTORS ("x" box for)	ATTACHMENT) FILL IN SPACES Director Name MANUEL J. AMARA	BEFORE USING ATT	FACHMENTS
Street Address 63 TURNSTONE LANE	2		Street Address 63 TURNSTONE LA	NE .	
CanSEEKONK	Stat <mark>MASS.</mark>	02771	SEEKONK	State MASS.	02771
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES) ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMEN	· · · · · · · · · · · · · · · · · · ·
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

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

₹ **3** 5



Under penalty of perjury, I declare and aff	irm that I have examined
this report, including any accompanying s	chedules and statements, and
that all statements contained herein are tr Manual 12 (A1): Signature of Officer	/ /
Manuel J Am aral	
Me of Officer	((20 12/2)
A 195 5	Form 630 - 12/02

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

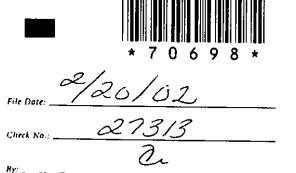
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 70698 Manny's Service Center, Inc. 3. Street Address Principal Business Office City State Zip 645 Armistice Blvd. Pawtucket R.I. 02861 4. Rusiness Phone No. 5. State of Incorporation 6. SIC Code (401) 726-9040 **RHODE ISLAND** 8953 7. Bilef 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 Vice President Name Manuel J. Amaral Maria A. Amaral Street Address Street Address 63 Turnstone lane 63 Turnstone Lane Zip City 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 State Seekonk Mass. 02771 Seekonk Mass. 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Maria A. Amaral Manuel J. Amaral Street Address Street Address 63 Turnstone Lane 63 Turnstone Lane City State Zip City Zip Seekonk Mass. 02771 Seekonk Mass. 02771 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) ALTHIORIZED SHARES ESSUED SHARES Number of Shares Class/Series Number of Shares Class/Series Par Value 1,000 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

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FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I	declare and affi	rm that I have e:	xamined
this report, including any a that all statements syntains	occompanying so	hedules and stat	
Gramaly a	emas e	2/10	F/0'2
Signature of Officer		Date	/ _ ·
Manuel J. Am	12/2/		
Print or Type Name of Officer			
Preside-11			
Title of Officer			

C. ... C2A -> 2M1

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

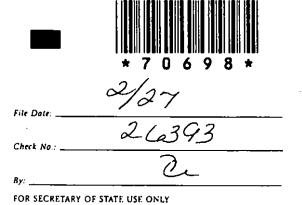
(FORM	MUST	RF	TYPED	IN RIACK)

١,	Corporate	ID No.	
	•	70408	

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

3. Street Address Principal Busin	ess Office		City	State	Zip
645 Armistice E	Blvd.		Pawtucket	Rhode Island	02861
4. Business Phone No.		S. State of Incorporation			6.8953°
(401) 726-9040		RHODE ISLAND			27.2
7. Brief Description of the Chara	cter of Business Conducted i	in Rhode Island			
Auto repair and	l general autor	motive services			
8. NAMES AND ADDR	ESSES OF THE OFF	ICERS (*X* BOX FOR ATTACHI	MENT) FILL IN SPACE	S BEFORE USING ATTACH	MENTS
President Name			Vice President Name		
Manuel J. Amara	1		Maria A Amara	al	
Street Address			Street Address		
63 Turnstone La	ine		63 Turnstone	Lane	
City	State	Zip	Clly	State	Zip
Seekonk	Mass.	02771	Seekonk	Mass.	02771
Secretary Name			Trensurer Name	• •	•
Maria A Amaral			Manuel J. Ama	aral	
Street Address			Street Address		
63 Turnstone La	ine		63 Turnstone	Lane	
City	State	Zip	City	State	Zip
Seekonk	Mass.	02771	Seekonk	Mass.	02771
•	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATTAC	HMENT) FILL IN SPA	CES BEFORE USING ATTAC	HMENTS
Director Name			Director Name		
Maria Amaral			Manuel J. Ama	aral	•
Street Address			Street Address		
63 Turnstone La	-		63 Turnstone	Lane	
City	State	•	City	State	Zip
Seekonk	Mass.	02771	Seekonk	Mass.	02771
Director Name			Director Name		
Street Address			Street Address		
Clly	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ZED (*x* box for att	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
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1,000 SHS NO P	AR VALUE				
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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 apeq true and correct.

Title of Officer

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

401-222-3040

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70698	Manny's Service Center, Inc.	
1. Corporate ID No.	2. Name of Corporation	
(FORM MUST BE TYPED IN	BLACK)	
PROFIT COF	RPORATION ANNUAL REPORT FOR THE YEAR 2000 ary 1-March 1 • Filing Fee: \$50.00	STOP PITANTRE VID INSTRUCTIONS

70698	Manny's S	Service Center, Ir	nc.		
3. Street Address Principal Busine.	ss Office	•	City	State	Zip
645 Armistice B	lvd.		Pawtucket	Rhode Island	02861
4. Business Phone No.		S. State of Incorporation			6. SIC Code
(401) 726-9040		RHODE ISLAND			8953
7. Brief Description of the Charac					
Auto repair and	general auto	motive services			
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" BOX FOR ATTACE	MENT) FILL IN SPACES BEF	ORE USING ATTACHM	ENTS
President Name			Vice President Name		
Manuel J. Amara	1		Maria A Amaral		
Street Address			Street Address		
63 TurnstoneeLa	ne		63 Turnstone Lane		
City	State	Zip	City	State	Zip
Seekonk	Mass.	02771	Seekonk,	Mass.	02771
Secretary Name			Theosurer Name		
Maria A Amaral			Manuel J. Amaral		
Street Address			Street Address		
63 Turnstone La	ne		63 TurnstoneeLane		
City	State	Zip	City	State	Zip
Seekonk	Mass.	02771	Seekonk	Mass.	02771
	SSES OF THE DIR	ECTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES BI	EFORE USING ATTACH	MENTS
Director Name			Director Name		•
Maria Amaral)			Manuel J. Amaral		
Street Address			Street Address		
63 Turnstone La			63 Turnstone Lane		
Clry	State	Zip	City	State	Zip
Seekonk	Mass.	02771	Seekonk	Mass.	02771
Director Name			Director Name		
Street Address			Street Address		
			Jireet Maaress		
Sity	State	Zip	City	State	Zip
			-		•
10. SHARES AUTHORIZI	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X* B	OX FOR ATTACHMENT)	
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Pår Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PA	R VALUE		1.000	Common	no nar valu

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

Title of Officer



File Date:	2-16-00	
Check No	25308	
Ву:	AMF	
FOR SECRETA	ARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined his report, including any accompanying schedules and statements, and hat all statements contained herein are true and correct. Signature of Officer Manual J.

Print or Type Name of Officer President

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 PILASE READ

(FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No. 70698	2. Name of Corpor Manny's S	ervice Center, Inc.		-	
3. Street Address Principal Business	Office		City	State	Zip
645 Armistice Blv 4. Business Phone No.	d.	5. State of Incorporation RHODE ISLAN	Pawtucket -	R.I.	02861 6. SIC Code
(401) 726-9040 7. Brief Description of the Character	of Business Conducted		D		8953
Auto repair and g					
8. NAMES AND ADDRESS President Name			IMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Manuel J. Amaral			Maria A. Amara	.1	
Street Address			Street Address	11	· · <u> </u>
63 Turnstone Lane			63 Turnstone L	ane	
City	State	Zip	City	State	7 Zip
Seekonk	Mass.	02771	Seekonk	Mass.	02771
Secretary Name		• • • • • • •	Treasurer Name		
Maria A. Amaral Street Address			Manuel J. Amar	r <u>a</u> l	·
63 Turnstone Lane			63 Turnstone L	ane	
City	State	ZIp	City	State	Zip
Seekonk	Mass.	02771	Seekonk _	Mass.	02771
9. NAMES AND ADDRESS Director Name	SES OF THE DIR	ECTORS ("X" BOX FOR ATTA	CHMENT) (FILL IN SPACE Director Name	ES BEFORE USING AT	ACHMENTS
Maria A. Amaral Street Address			Manuel J. Amar	al	
63 Turnstone Lane			63 Turnstone L	ane	
City	State	Zip	City	State	· Zip
Seekonk Director Name	Mass.	02771	Seekonk	Mass	02771
Street Address			Street Address		- · -· -·
er.			•		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED) ("X" BOX FOR ATT	ACHMENT)		("X" BOX FOR ATTACHMEN	7)
Number of Shares	Class/Series	Par Value	ISSUED SHARES	a.	
		Tu. Yuint	Number of Shares	Class/Series †	Par Value
1,000 SHS NO PAR V	ALUE		. 1 000	,	_
			1,000	Common	no par value.
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This report must be signe	e d in ink by eitl	. —— . her the President Vice P	resident Secretary Acc	istant Cossessor Torre	Parities T
,		resident, tice p	resident, secretary, ASS	istant secretary, iteas	uter, Receiver of Itustee
		8 881			
	BEN BEND BUKE (1981)				

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	3199
File Date:	
Check No.:	24192
Ву:	1(P
FOR SECRETA	BY OF STATE LISE 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.

Schotuse of Officer

Date

Manuel J. Amaral

Print or Type Name of Officer

President

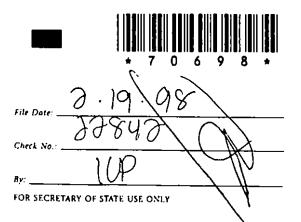
Title of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

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

FORM MUST BE TYPED IN BLAC	CK)				
1. Corporate ID No. 70698	2. Name of Corpora Manny's Sel	rvice Center, Inc.			
3. Street Address Principal Business	Office		City	State	Zip
645 Armistice Blv	d.		Pawtucket	R.I.	02861
4. Business Phone No.		S. State of Incorporation			6. SIC Code
(401) 726-9040		RHODE ISLAND			8953
7. Brief Description of the Character Auto repair and g	of Business Conducted i general autom	n Rhode Island Notive services			
8. NAMES AND ADDRESS	SES OF THE OFFI	CERS ("X" BOX FOR ATTACHA	AENT)		
President Name			Vice President Name		
Manuel J. Amaral			Maria A. Amaral		
Street Address 631Turnstone Lane			Street Address		
			63 Turnstone Lane		
City	State	Zip	City	State	2ip
Seekonk	Mass.	02771	Seekonk	Mass.	02771
Secretary Name			Theasurer Name		
Maria A. Amaral			Manuel J. Amaral		
63 Turnstone Lane		•	Street Address 63 Turnstone Lane		
City City					
Seekonk	State Mass.	zip 02771	Seekonk	State Mass.	Ž'ę 02771
				11455.	
9. NAMES AND ADDRESS Director Name	ES OF THE DIKE	CIORS ("X" BOX FOR ATTAC	HMENT) Director Name		
Maria A Amaral			Manuel J Amaral		
Street Address			Street Address		
63 Turnstone Lane	!		63 Turnstone Lane		
City	State	Zip	City	- State	. 210
Seekonk	Mass.	02771	Seekonk	Mass.	02771
Director Name		•	Director Name	• • • • •	•
Street Address			Street Address	•	
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES) ("X" BOX FOR ATTA	(CHMENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR V	ALUE		•		· · · · · · · · ·
., vvv 0110 HO / All V	NEVE		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.

Signature of Office

Manuel J

President

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, Rt 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.

2. Name of Corporation

70698

Manny's Service Center, Inc.

3. Street Address Principal Business Office 645 Armistice Blvd.

Pawtucket

City

State

7.ip

5. State of Incorporation

R.I.

02861

4. Business Phone No. (401) 726-9049

6. SIC Code

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 ("X" BOX FOR ATTACHMENT) President Name

Manuel J. Amaral

Vice President Name

63 Turnstone Lane

Maria A. Amaral

63 Turnstone Lane

Manuel J. Amaral

Manuel J. Amaral

Seekonk

Street Address

State Mass.

82771

Seekonk

Treasurer Name

Mass.

ິປີ2771

Secretary Name

Maria A. Amaral

Street Address

63 Turnstone Lane

City

State Seekonk

Mass.

02771

Street Address 63 Turnstone Lane City

Seekonk

Director Name

Street Address

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

Seekonk

State Mass. ^{Zip} 02271

63 Turnstone Lane City

Seekonk

State Mass. Ζίρ 02771

Director Name

Street Address

Street Address

City

Director Name

State

Zip

City

State

Zio

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ESSUED SHARES

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



FOR SECRETARY OF STATE USE ONLY

geport, including any accompanying schedules and statements, and all statements contained herein are true and correct.

Signature of Officer

Manuel J. Amaral Print or Type Nume of Officer

Title of Officer

<u> Fresident</u>



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

Topics Manny's Service Center, Inc.	STREET HORRESS PRINCIPLE SHAPE 645 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 646 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 647 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 648 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 649 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 649 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 650 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 651 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 652 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 653 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 654 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 655 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 656 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 656 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 657 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 658 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 659 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 650 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 651 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 652 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 653 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 654 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 655 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 655 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 656 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 657 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 658 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 659 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 659 A TERRITADORESS PRINCIPLE PRODUCTION SHAPE 650 A TERRITADORESS PRODUCTION SHAPE 650 A TERRITADORESS PRODUCTION SHAPE 650 A TERRITADORESS PRODUCTION SHAPE 651 A TERRITADORESS PRODUCTION SHAPE 652 A TERRITADORESS PRODUCTION SHAPE					nini in black ink.	PLEASE TIPE UN	2. NAME OF CORPORATION	CORPORATE IO NO.
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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. 3/1/96 File Date: 20528 Manual J A
Print or Type Name of Officer Check No: Ву:

For Secretary of State Use Only

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 Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

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

Corporate ID:		Annual Repo	ort for the year:	755	' - '	
เต ธ M	nu's Service Cent					
Name of Corporation:Business entity organized under the laws of the For foreign entity, address and telephone numbers.	ne State of: K.I.		Entity is (check one) iness Corporation (S	:	napter 7-1.1)	
		[] Prof	fessional Service Cor	poration (S	ee RIGL Chapter 7	7-5.1)
Phone: ()		Brief stat Auto	ement of the characte	er of busine eneral	ss conducted in Rh automotive	ode Island:
Address and telephone of the principal office Island (Provide street address - Not P.O. Box) 645 Armistice Blvd. Pawt	E.	servi	ces			
Phone: (401) 726-9049						
	THE NAMES OF	THE OFFICE	RS ARE:			
Manuel J. Amaral	63 Turnsto	ADDRESS one Lane	Seekonk,	Mass.	02771	ZIP CODE
VICE PRESIDENT		ADDRESS		OSTATE	20221	ZIP CODE
Maria A. Amaral	63 Turnsto	one Lane	Seekonk,	Mass.	02771	ZIP CODE
Maria A. Amaral	63 Turnsto		Seekonk,	Mass.	02771	
TREASURER		ADDRESS		OSTATE.	02771	ZIPCODE
Manuel J. Amaral	63_Turns to		Seekonk,)RS ARE:	nass.	02771	
NAME	STREET	ADDRESS	cir	VSTATE		ZiP CODE
Maria A. Amaral	63 Turnstor	aellane	Seekonk,	Mass.	02771	ZIP CODE
Manuel J. Amaral	63 Turnstor		Seekonk,	Mass.	02771	
NAME	STREET	TADDRESS	cit	OSTATE		ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider	may be attached)	NUMBER OF	F SHARES ISSUED A	ND OUTSTA	ANDING (Rider may	be attached)
Number of Shares 1000 Class / Ser	ries Common	Number of S	Shares 1000 C	lass / Serie:	Common	
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Date: March!	19 5 By:19 FRINT (Manuel J. OR SYPE NAME OF OUT	Harris I	roje	/ 	
Form 31 1/95	TITLE	DE OFFICER SIGNING			•	
DESI	GNATED REGISTERED A	AGENT FOR SI	ERVICE OF PRO	CESS:		
PLEASE MOTE: If the registered office on	More represented opens indicated by		Same () b. 61.4			

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

NORMAND G. CHAMPEAU 345 NORTH MAIN STREET WOONSOCKET RI 02895

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

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

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

Corporate ID:	0070698		Annual Rep	ort for the ye	ar:	1994
Name of Business Entity			Manny	's Servi	ce Center	r, Inc.
Business entity organized urs	der the laws of the State ofR. I	• • •	Busines	s Entity is (che	ck one).	
Federal Taxpayer Identificati		·	5 :] Profession	•	RIGL Chapter 1-1-1) ation (See RIGL Chapter 7-5-1) (See RIGL 7-16)
	d telephone number of principal of		commu	itle and mailin	g address of conta se directed:	ct person to whom
					aral presi	dent
Phone. 1			'	Armistice tucket, R		· ·
	principal office of business entity (Not P.O. Box)	n Rhode				ess conducted in Rhode Island
645 Armistice Bl	vd. Pawtucket, R.I.					automotive
			servi	lces	_	
		ı	Date of	Organization (1/1/93 . j	2/28/92 rem
Phone: (401) 726-90	049					Rhode Island (if foreign entity)
	 THF	NAMES OF TH	IF OFFICI	FRS ARF:		•
Manuel J. Amara	RESIDENT (Securor)	3 Turnstone	ORESS.	Seekonk,	CHARTAIL	7.P.CODE
Maria A. Amaral	■ VICE PRESIDENT (Chick One	STREET ADD	RESS		CITYSTATE	7 P CODE
CUSTODIANOS RUCORDS OR	K SECRETARY CONCOR	3 Turnstone	RTSS	Seekonk,	CITYSTATE	ZIP CODE
Maria A. Amaral		3 Turnstone		Seekonk,	Mass. 027	71zercose
Manuel J. Amaral		3 Turnstone	•	Seekonk,	Mass. 027	71
NAME:	THE	IAMES OF TH STREET ADD		ORS ARE:	CHAS: ATC	Z.P.CODE
Maria A. Amaral	6	3 Turnstone		Seekonk,	Mass. 027	71
Manuel J. Amaral	. 6	3 Turnstone	Lane,	<u>S</u> eekonk,	Mass 027	
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Form 31 - 1/94	DESIGNÄTED REGISTER	D OR RESIDE	ENT AGEN	T FOR SER	VICE OF PRO	ocess:
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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.

FILED FEB 2 2 1994 By Rem (K M68)