

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 CORPORTION PROFIT CORPORTS IN CORPO	- March I 🔹 🗡 Filis	NUAL REPOI	RT FOR THE YE	AR20	05
1. Corporate ID No.	2. Name of Corporation	nı;			
82298	WHEELS OF F				
3. Street Address Principal Busine 121 Benefi	t Street		Pawtucker	State R.I	2ip 02861
1. Business Phone No. (401) 728-010		5. State of Incorporation RHODE ISLAN	11		6. SIC Code 3517
7. Brief Discription of the Charac FOR THE SALES AND AND GO-CARTS AND B. NAMES AND ADDRESS President Name William H.	SERVICE OF MOTOR THEIR RELATED SAL	CYCLES, SCOOTERS.	Vice President Name	N SPACES BEFORE USI	S, MOPEDS, NG ATTACHMENTS
Crave Address			Street Address	. Fairhurst	
52 Serrel Sw			52 Servel S		
Johnston	State $\mathcal{R}.\mathcal{I}$.	²¹⁰ 02919	Johnston	State R. I.	7.ip 02919
screany iiume Caroline M	1. Fair/rurst	<u>, </u>	Caroline M.	Fairhurst	
Same			Sirver Address Same	<u> </u>	
Cuy	State	Zip	City	State	Zip
D. NAMES AND ADDRESS Director Name William Ho Brown Address Same			Director Name	M. Faithu	
City:	State	Zip	City	State	Zip
Director Name	J	J.`	Director Name		
Street Address	· · · · · · · · · · · · · · · · · · ·		Street Address		
Niy	State	Zip	City	State	Ζψ
0. SHARES AUTHORIZEE) ("X" BOX FOR ATT	 FACHMENT) [11. SHARES ISSUED	 ("X" BOX FOR ATTAC	HMENT)
Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			Ø		
This report must be	e signed in ink by eith	ner the President, Vice		erjury, I declare and affirm	that I have examined this report
File Date 5 - 27 - 05			contained herein ar	e true and correct.	Busst 2/25/05
Check No. 4414			CARALIN	e M. Fair	HIRST
0 W			Print or Type Name	of Officer	The same of the sa
FOR SECRETARY OF S	TATE USE ONLY	_	V/Ce-Py Tille of Officer	esident.	



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

2004

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

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

1. Corporate ID No.	2 Name of Corpor	ation				
82298	1 '	FREEDOM, INC.				
3 Street Address Principal Busin		r recoon, no.	City	State	Zip	
121 Benefit			Pawtucket	RI	02861	
4. Business Phone No.	, <u></u>	5. State of Incorporation	n	<u></u>	6. SIC Code	
(401) 728-0	100	RHODE ISLAND	1		3517	
AND GO-CARTS AND 8. NAMES AND ADDRES President Name	D SERVICE OF MOTO O THEIR RELATED SA SES OF THE OFFICE	d in Rhode Island DRCYCLES, SCOOTERS, NLES.	WATER-CRAFT, SNOWMOBIL	ES, ATV'S, DIRTBIKES, M	IOPEDS,	
William Fai:	rhurst		Caroline Fa	irhurst		
Sircei Address 52 Serrel St	weet Road		Sirver Address 52 Serrel St	weet Road	,	
City	State	Zip	City	State	Zip	
Johnston	RI	02919	Johnston	RI	02919	
Secretary Name			Treasurer Name			
Caroline Fa	irhurst		William Fair	rhurst		
Street Address		Street Address				
52 Serrel St	weet Road		52 Serrel Sweet Road			
Johnston	State RI	2ιρ 02919	City Johnston	State RI	2φ 02919	
9. NAMES AND ADDRES Director Name William Fai: Street Address	rhurst	TORS: ("X" BOX FOR A	Director Name Caroline Fa: Street Address		G ATTACHMENTS	
52 Serrel St	State	7/6	52 Serrel St		12/2	
Johnston Director Name	RI	02919	Guy Johnston Director Name	State RI	02919	
none			none			
Sinvi Address		, . <u></u>	Sircet Address	 -		
Cuy	State	Zip	City ·	State	Zip	
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR .	ATTACHMENT)	11. SHARES ISSUED (ISSUED SHARES	"X" BOX FOR ATTACHA	SENT)	
Number of Shares	Class/Sories	Par Value	Number of Shares	Class/Series	Par Value	
2,000 NO PAR VALUE		2,000	Common	No Par		
This report must	be signed in ink by	either the President, Vice	President, Secretary, Assista	nt Secretary, Treasurer, R	eceiver or Trustee	

* 8 2 2 9 8 *
File Date 1-20-04 Check No. 3769 By:
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm t including any accompanying schedules and sta	•
contained herein are true and correct.	
Parolin M. Church	WAT 13/31/03
Signature of Officer	Date
Paroline M. Fairhur	ST
Print or Type Name of Officer	- · · · · · · · · · · · · · · · · · · ·
Vice-FresidenT	
Title of Officer	
	Form 630 Rev. 12/03

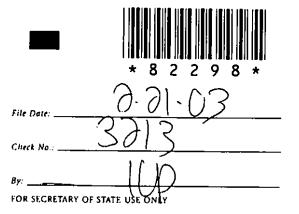
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINT	TED IN BLACK)				
1. Corporate ID No.	2. Name of Corpora	ntion			
82298	WHEELS OF	F FREEDOM, INC.			
3. Street Address Principal Business	Office	,	City	State	Zip
121 Benefit Stre	et		Pawtucket	RI	02860
4. Business Phone No.		5. State of Incorporation	•		6. SIC Code
(401) 728-0100 7. Brief Description of the Character		Sales	and service of motoro	ycles, scoot	3517 ers, watercraft,
SNOWMODILES, ST 8. NAMES AND ADDRES President Name	SES OF THE OFF	Kes and go carts ICERS ('X' BOX FOR ATTA	s and relates sales CHMENT) FILLIN SPACES BEF Vice President Name	ORE USING ATTAC	CHMENTS
William Fairhur	st		Caroline Fairhu	rst	
Street Address	. n		Street Address		
52 Serrel Sweet			52 Serrel Sweet		
Johnston	State RI	Zip	City	State	Zip
Secretary Name	KI	02919	Johnston∩ Treasurer Name	RI	02919
Caroline Fairhu	iret		Cároline Fairhu		
Street Address			Street Address	ISL	
52 Serrel Sweet	Road		52 Serrel Sweet	Road	
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
9. NAMES AND ADDRES. Officetor Name	SES OF THE DIRE	ECTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACES BE Director Name	EFORE USING ATTA	
William Fairhur	st		Caroline Fairhu Street Address	rst	
52 Serrel Sweet	Road State	· . Zip	52 Serrel Sweet	Road State	Zip
Johnston Director Name	RI	02919	Johnston Director Name	RI	02919
none litreet Address			none Street Address		
City	State	Zip	City	State	Zip
IO. SHARES AUTHORIZEI	D ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (*X* BO	OX FOR ATTACHMENT.	,
Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			2,000	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.

2/14/03

Signature of Officer

Date

Caroline Fairhurst

Print or Type Name of Officer



Vice President

Form 630 12102

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 _

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

I. Corporate ID No.	2. Name of Cor	poration			
82298	WHEELS	OF FREEDOM, INC.			
3. Street Address Principal Business C			City	State	Zip
121 Benefit Stree	et		Pawtucket	RI	02860
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 728-0100		RHODE ISLAN		_	3517
7. Brief Description of the Character of	of Business Conduc	led in Rhode Island sales a	ind service of moto	orcycles, scoote	rs, watercraft,
Snowmodiles, Siv	s, dirt b	ikes and go carts			
8. NAMES AND ADDRESS President Name	ES OF THE O	FFICERS ("X" BOX FOR ATTAC	CHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
William Fairhurst	=		Caroline Fair	rhurst	
itreet Address			Street Address		
52 Serrel Sweet F			52 Serrel Swe	et Road	
Cuy	State	Zip	City	State	Zip
Johnston ecretary Name	RI	02919	Johnston	RI .	02919
•			Treusurer Name	_t	
Caroline Fairhurs	St		Caroline Fair	rnurst	
52 Serrel Sweet F	Road		52 Serrel Swe	et Road	
City	State	Zip	City	State	71-
Johnston	RI	02929	Johnston	RI	<i>zip</i> 02919
. NAMES AND ADDRESSI	ES OF THE D	IRECTORS ("X" BOX FOR ATT	FACHMENT) FILL IN SPACE	ES BEFORE USING ATTA	
William Fairhurst	:		Caroline Far	lhurst	
52 Serrel Sweet F	Dood.		Street Address	an Dani	
Ily	State	Zip	52 Serrel Swe		
Johsnton	RI	02919	Johnston	State RI	zip 02919
Itector Name			Director Name		02717
none			none		
reet Address			Street Address		
ity	State	Zip	City	State	Zip
O. SHARES AUTHORIZED	(*X* BOX FOR A	TTACHMENT)	11 SHABES ISSUED A		
UTHORIZED SHARES	20	· ····································	11. SHARES ISSUED (* ISSUED SHARES	A BOX FOR ATTACHMENT	7
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			•	w company that	t m smitt
			2,000	Common	No Par

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



('M. FAIRHUMI Print or Type Name of Officer

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

William Fairhurst & Caroline Fairhurst Title of Officer

FOR SECRETARY OF STATE USE ONLY

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate II82298 ²WHEELS"POFtioFREEDOM, INC. 3. Street Address Principal Business Office City 121 Benefit Street Pawtucket 4. Business Phone No. 2 KHORE .. LLLKND 6. 35 107e (401) 728-0100 7. Brief Description of the Character of Business Conducted in Rhode Island sales and service of motorcycles, scooters, watercraft. snowmobiles, ATV's, dirt bikes and go carts and related sales 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name William Fairhurst Caroline Fairhurst Street Address 52 Serrel Sweet.Road 52 Serrel Sweet Road RI 02919 02919 Johnston Johnston Secretary Name Treasurer Name Caroline Fairhurst Caroline Fairhurst Street Address Street Address 52 Serrel Sweet Road 52 Serrel Sweet Road State State RI Johnston RT Johnston 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Nume (1777) Director Name William Fairhurst Caroline Fairhurst Street Address Street Address 52 Serrel Sweet Road 52 Serrel Sweet Road State 210 City RI 02919 Johnston RΙ Johnston Director Name Director Nami none none Street Address Street Address City State · 210 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 2,000 SHS NO PAR VAL

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

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

No Par

Caroline Fairhurst

Print or Type Name of Officer Vice President

Title of Officer

2,000



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

STOP PILAM READ INSTRUCTIONS

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

2. Name of Corporation

WHEELS OF FREEDOM, INC.

(FORM MUST BE TYPED IN BLACK)

82298

1. Corporate ID No.

10. SHARES AUTHO	PRIZED ("X" BOX FOR ATT	ACHMENT)
Number of Shares	Class/Series	Par 1
2,000 SHS NO	PAR VAL	
This report must be	* 8 2 2 9 8	her the P
File Date:	1 · · · · · ·	

FOR SECRETARY

3. Street Address Principal Bus	Iness Office		City	State	ZIp
121 Benefit S	Street		Pawtucket	RI	02860
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 728-010	00	RHODE ISLAND			3517
7. Brief Description of the Cha	racter of Business Conducted	d in Rhode Island			
sales and ser	rvice of motor	cycles, scooters, w	atercraft, snowm	obiles. ATV's.	dirt bikes, mopeds
8. NAMES AND ADD	RESSES OF THE OF	FICERS ("X" BOX FOR ATTACH	(ENT) FILL IN SPACES	BEFORE USING ATT	ACHMENTS & on carts
President Name			Vice President Name		& related sales
William Fairt	nurst		Caroline Fair	hurst	
52 Serrel Swe	not Dood				
City Server	State	Zip	52 Serrel Swe	et Koad State	Zip
Johnston	RI	·	•		·
Secretary Name	KI	02919	Johnston Treasurer Name	RI	02919
Caroline Fair	rhuret				
Street Address	indisc		Caroline Fair Street Address	nurst	
52 Serrel Swe	et Road		52 Serrel Swe	et Road	
City	State	Zip	· City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
9. NAMES AND ADD	RESSES OF THE DII	RECTORS ("X" BOX FOR ATTAC		ES BEFORE USING AT	
Director Name			Director Name		
William Fairb	nurst		Caroline Fair	hurst	
Street Address			Street Address		
52 Serrel Swe	et Road		52 Serrel Swe	et Road	
City	State	Zip	City	State	Zip
Johnston Director Name	RI .	02919	Johnston Director Name	RI	02919
none			none		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

ISSUED SHARES
Number of Shares

2,000

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

Class/Series

Common

Par Value

No Par

Print or Type Name of Officer
Vice President

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

Title of Officer



File Date:

Check No.: _

FOR SECRETARY OF STATE USE ONLY

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

· · ·				Too North Main Street,	401-222-3
PROFIT CO Filing Period: Janu (FORM MUST BE TYPED II 1. Corporate ID 82298	iary I-March I • N BLACK)	N ANNUAL RE Filing Fee: \$50.00 OPFREEDOM, INC.	PORT FOR THE	YEAR	STOI FLE ISL REAL INVERTICION
3. Street Address Principal Bu					i
1 A F	SENEFIT -8-0100	⁵ RHODE 19LM	PAWTUCKET ND	RI	21p ○ よとら/ 6.51 3517
Sales 8. NAMES AND ADD President Name	and Ser resses of the off	CVICELOF N FICERS ("X" BOX FOR ATTAC	OFOYCY (185 T) CHMENT) FILL IN SPACES BE Vice Reesident Name	FORE USING ATTACHN	MENTS
Street Address	Fairhur	57	Caroline Mil	Fairhurs,	r
52 Serre	1 Sweet		· 52 Servel	SWEET RO	1,
JUHNSTON	7 RI	02919	Johnston	State	02919
Street Wattes?		irhurst	. Street Address	M. Fair	nursī .
JUNNSTON	vel Sweei		52 Servels	WEET Rd	,
		210 62919 ECTORS (122 802 508 477	JOHNS TON ACHMENT) FILL IN SPACES E	RT	02919
Outetto Hame	ABOVE	ZOTORO (N. BONTON ALI	Director Name AS ABOVE Street Address	BEFORE USING ATTACE	imenis į
City	State	Zip	City	State -	zip
Director Name		• • • • • • • • • • • • • • • • • • • •	Director Name		
Street Address	.` •		Street Address		
City	State	Zip	City	State	zip
10. SHARES AUTHORI	ZED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X*)	BOX FOR ATTACHMENT)	-
Number of Shares 2,000 SHS NO PA	Class/Series R VAL	Far Value	SSLIFD SHARES NONE Number of Shares	Class/Series	Far Value
			<u> </u>		-
This report must be si	g ncd in ink by eith	- $ -$	President, Secretary, Assistar	at Secretary Teasures	Dogaines - T-
111	-, 		. resident, decicially, MSSISTAI	ii secretary, ireasurer	, keceiver or Truste
					,
		*	Under penalty of perjury this report, including an	 7, I declare and affirm the 1y accompanying schedul 	at 1 have examined es and statements and

that all statements contained herein are true and correct.

Discontinuous of Officer

CM, Fairhurst (Aroline M.)

Print or Type Name of Officer

Wice President

Title of Officer



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

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

FORM MUST	BE TYPED	IN BLACK)
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1. Corporate ID No.

2. Name of Cornoration

WHEELS OF FREEDOM, INC.

3.	Street	Address	Principal	Business	om
----	--------	---------	-----------	----------	----

Street

Pawtucket

02861

6. SIC Code

(401) 728-0100

5. State of incorporation

RHODE ISLAND

3517

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

Sales of New Motorcycles, Watercraft, Snowmobiles and related Services, 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

Vice President Name

WILLIAM H. Fairhurst Street Address

Same

Sweet

Paroline M. Fairhurst

52 Serrel

Caroline

Sweet

M. FairhursT

Chroline

M. Fairhurst

State

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

William H. Fairhurst

-Same-

Director Name

Street Address

State

Zip

Paroline M. Fairnurst

Same

210

Director Name

Street Address

City

State

Ziρ

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

AUTHORIZED SHARES

2,000 SHS NO PAR VAL

Number of Shares

Class/Series

Par Value

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

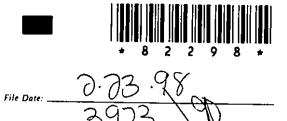
ISSUED SHARES

Number of Shares

Class/Series

-none -

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

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.





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.

2. Name of Corporation

82298

WHEELS OF FREEDOM, INC.

3.	Street	Address	Principal	Business	Office

121 Benefit

Pawrucket

State RI 02861

4. Business Phone No.

(401) 728-0100

S. State of Incorporation

6. SIC Code

RHODE ISLAND

3517

7. Brief Description of the Character of Business Conducted in Rhode Island Sales & Service of Motorycles + Related

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

President Name

William H. Fairhurst

Street Address

Secretary Name

52 Servel Sweet Rd.

Caroline M. Fairhurst

Johnston

aroline M. FairhursT

Vehicles

SZ Servel Sweet Rd.

Fairhurst

JUMNSTON

SweeT RI

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

JUHNSTUN

ASABOVE

State

Swect

As

ABOVE Street Address

Director Name

City

State

Director Name

Street Address

Street Address

City

State

Zip

City

Street Address

State

2.ip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value none

ISSUED SHARES none

Number of Shares

Class/Series

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.

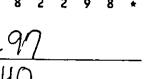
Par Value

2,000 SHS NO PAR VAL 🗸

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



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
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PLEASE TYPE OR PRINT IN BLACK INK. 1. CORPORATE IO NO. 2. NAME OF CORPORATION 82298 WHEELS OF FREEDOM, INC. 3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE Pawiucker 121 Benesit Street 02861 RI 5. STATE OF INCORPORATION 6 SIC COOL RHODE ISLAND (401) 728-0100 3517 7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHOOE ISLAND Sales of New Motorcycles, WHIERCRAFT, SNOWMObiles, ATV's and Related 8. NAMES AND ADDRESSES OF THE OFFICERS gRoline Jeriel Sweet Johnston 02919 02919 FairhursT SAME SAME STATE SAME SAME SAME SAME SAME SAME NAMES AND ADDRESSES THE DIRECTORS Illiam H. Fairburst AROLINE M. FAIRHURST SAME SAME STATE ZIP CODE DIRECTOR NAME DIRECTOR NAME STREET ADORESS STREET ADORESS STATE ZIP CODE TIP CODE AUTHORIZED **AUTHORIZED SHARES** ISSUED SHARES NUMBER OF SHARES CLASS / SERIES PAR VALUE MUMBER OF SHARES CLASS / SERTES PAR VALUE 2,000 SHS NO PAR VAL

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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

File Date: Check No: By:

For Secretary of State Use Only

VICE Preside

AROLINE M. HAIRHURST