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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
82298	WHEELS OF FREEDOM, INC.		
3. Street Address Principal Business Office: 121 Benefit Street	City: Pawtucket	State: RI	Zip: 02861
4. Business Phone No.: (401) 728-0100	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 3517

7. Brief Description of the Character of Business Conducted in Rhode Island
FOR THE SALES AND SERVICE OF MOTORCYCLES, SCOOTERS, WATER-CRAFT, SNOWMOBILES, ATV'S, DIRTBIKES, MOPEDS, AND GO-CARTS AND THEIR RELATED SALES.

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

President Name	Street Address	City	State	Zip
William H. Fairhurst	52 Serrel Sweet Road	Johnston	R.I.	02919

Vice President Name	Street Address	City	State	Zip
Caroline M. Fairhurst	52 Serrel Sweet Road	Johnston	R.I.	02919

Secretary Name	Street Address	City	State	Zip
Caroline M. Fairhurst	Same			

Treasurer Name	Street Address	City	State	Zip
Caroline M. Fairhurst	Same			

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

Director Name	Street Address	City	State	Zip
William H. Fairhurst	Same			

Director Name	Street Address	City	State	Zip
Caroline M. Fairhurst	Same			

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
2,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
Ø		

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

[redacted] [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.

Caroline M. Fairhurst 2/25/05
Signature of Officer *Date*

Caroline M. Fairhurst
Print or Type Name of Officer

Vice-President
Title of Officer

[redacted]

File Date 5-23-05
Check No. 4419
By: DW
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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 OR PRINTED IN BLACK)

1. Corporate ID No.	2. Name of Corporation		
82298	WHEELS OF FREEDOM, INC.		
3. Street Address Principal Business Office: 121 Benefit Street	City: Pawtucket	State: RI	Zip: 02861
4. Business Phone No.: (401) 728-0100	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 3517

7. Brief Description of the Character of Business Conducted in Rhode Island:
FOR THE SALES AND SERVICE OF MOTORCYCLES, SCOOTERS, WATER-CRAFT, SNOWMOBILES, ATV'S, DIRTBIKES, MOPEDS, AND GO-CARTS AND THEIR RELATED SALES.

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

President Name	Street Address	City	State	Zip
William Fairhurst	52 Serrel Sweet Road	Johnston	RI	02919

Vice President Name	Street Address	City	State	Zip
Caroline Fairhurst	52 Serrel Sweet Road	Johnston	RI	02919

Secretary Name	Street Address	City	State	Zip
Caroline Fairhurst	52 Serrel Sweet Road	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
William Fairhurst	52 Serrel Sweet Road	Johnston	RI	02919

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

Director Name	Street Address	City	State	Zip
William Fairhurst	52 Serrel Sweet Road	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
Caroline Fairhurst	52 Serrel Sweet Road	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
none				

Director Name	Street Address	City	State	Zip
none				

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	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

[redacted] [redacted]

* 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 that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Caroline M. Fairhurst 12/31/03
Signature of Officer *Date*

Caroline M. Fairhurst
Print or Type Name of Officer

[redacted] Vice-President
Title of Officer

Form 630 Rev. 12/03

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 82298
2. Name of Corporation: WHEELS OF FREEDOM, INC.
3. Street Address Principal Business Office: 121 Benefit Street — City: Pawtucket — State: RI — Zip: 02860
4. Business Phone No.: (401) 728-0100
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 3517
7. Brief Description of the Character of Business Conducted in Rhode Island: sales,and service of motorcycles, scooters, watercraft, snowmobiles, STV's, dirt bikes and go carts and relates sales

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

President Name: William Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston — State: RI — Zip: 02919

Vice President Name: Caroline Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston — State: RI — Zip: 02919

Secretary Name: Caroline Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston — State: RI — Zip: 02919

Treasurer Name: Caroline Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston — State: RI — Zip: 02919

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

Director Name: William Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston — State: RI — Zip: 02919

Director Name: Caroline Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston — State: RI — Zip: 02919

Director Name: none
Street Address:
City: — State: — Zip:

Director Name: none
Street Address:
City: — State: — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	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

* 8 2 2 9 8 *

File Date: 2-21-03
Check No.: 3213
By: MP
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: C Fairhurst — Date: 2/14/03

Caroline Fairhurst
Print or Type Name of Officer

Vice President
Title of Officer

Form 630 12/02

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.: 82298
2. Name of Corporation: WHEELS OF FREEDOM, INC.
3. Street Address Principal Business Office: 121 Benefit Street — City: Pawtucket — State: RI — Zip: 02860
4. Business Phone No.: (401) 728-0100
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 3517
7. Brief Description of the Character of Business Conducted in Rhode Island: sales and service of motorcycles, scooters, watercraft, snowmobiles, STV'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: William Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston — State: RI — Zip: 02919

Vice President Name: Caroline Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston — State: RI — Zip: 02919

Secretary Name: Caroline Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston — State: RI — Zip: 02929

Treasurer Name: Caroline Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston — State: RI — Zip: 02919

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

Director Name: William Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johsnton — State: RI — Zip: 02919

Director Name: Caroline Farihurst
Street Address: 52 Serrel Sweet Road
City: Johnston — State: RI — Zip: 02919

Director Name: none
Street Address:
City: — State: — Zip:

Director Name: none
Street Address:
City: — State: — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	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

* 8 2 2 9 8 *

File Date: FILED

Check No.: JAN 29 2002

By: [illegible]

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.

W. Fairhurst 1/22/02
Signature of Officer *Date*

C.M. FAIRHURST
Print or Type Name of Officer

William Fairhurst & Caroline Fairhurst
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 ID No. 82298 2. Name of Corporation WHEELS OF FREEDOM, INC.

3. Street Address Principal Business Office: 121 Benefit Street — City: Pawtucket — State: RI — Zip: 02860

4. Business Phone No.: (401) 728-0100 5. State of Incorporation: RHODE ISLAND 6. Date: 3617

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: William Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston State: RI Zip: 02919

Vice President Name: Caroline Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston State: RI Zip: 02919

Secretary Name: Caroline Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston State: RI Zip: 02919

Treasurer Name: Caroline Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston State: RI Zip: 02919

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

Director Name: William Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston State: RI Zip: 02919

Director Name: Caroline Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston State: RI Zip: 02919

Director Name: none
Street Address:
City: State: Zip:

Director Name: none
Street Address:
City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000 SHS NO PAR VAL		

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

ISSUED SHARES

Number of Shares	Class/Series	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

82298

FILED

File Date: FEB 14 2001

Check No.: 10744

By: CD

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.

Caroline Fairhurst 1/4/01
Signature of Officer *Date*

Caroline Fairhurst
Print or Type Name of Officer

Vice 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

STOP PLEASE READ INSTRUCTIONS

(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	City	State	Zip
121 Benefit Street	Pawtucket	RI	02860

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(401) 728-0100	RHODE ISLAND	3517

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

sales and service of motorcycles, scooters, watercraft, snowmobiles, ATV's, dirt bikes, mopeds & go carts & related sales

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

President Name	Street Address	City	State	Zip
William Fairhurst	52 Serrel Sweet Road	Johnston	RI	02919

Vice President Name	Street Address	City	State	Zip
Caroline Fairhurst	52 Serrel Sweet Road	Johnston	RI	02919

Secretary Name	Street Address	City	State	Zip
Caroline Fairhurst	52 Serrel Sweet Road	Johnston	RI	02919

Treasurer Name	Street Address	City	State	Zip
Caroline Fairhurst	52 Serrel Sweet Road	Johnston	RI	02919

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

Director Name	Street Address	City	State	Zip
William Fairhurst	52 Serrel Sweet Road	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
Caroline Fairhurst	52 Serrel Sweet Road	Johnston	RI	02919

Director Name	Street Address	City	State	Zip
none				

Director Name	Street Address	City	State	Zip
none				

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,000 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	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

* 8 2 2 9 8 *

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.

W Fairhurst 1/4/00
Signature of Officer *Date*

Caroline Fairhurst
Print or Type Name of Officer

Vice President
Title of Officer

File Date:

Check No.: FEB 04 2000

By:

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

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 82298 2. WHEELS OF FREEDOM, INC.

3. Street Address Principal Business Office: 121 BENEFIT STREET — City: PAWTUCKET — State: RI — Zip: 02861

4. Business Phone No.: (401) 728-0100 — 5. RHODE ISLAND — 6. SIC 3517

7. Brief Description of the Character of Business Conducted in Rhode Island: Sales and Service of Motorcycles & Related Vehicles

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

President Name: William Fairhurst
Street Address: 52 Serrel Sweet Rd.
City: Johnston — State: RI — Zip: 02919

Vice President Name: Caroline M. Fairhurst
Street Address: 52 Serrel Sweet Rd.
City: Johnston — State: RI — Zip: 02919

Secretary Name: Caroline M. Fairhurst
Street Address: 52 Serrel Sweet Rd.
City: Johnston — State: RI — Zip: 02919

Treasurer Name: Caroline M. Fairhurst
Street Address: 52 Serrel Sweet Rd.
City: Johnston — State: RI — Zip: 02919

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

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

Director Name: AS ABOVE
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
2,000 SHS		NO PAR VAL

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

ISSUED SHARES NONE

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

* 8 2 2 9 8 *

File Date: Mar 8, 99

Check No.: 9141

By: JD

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.

C M Fairhurst 2/27/99
Signature of Officer *Date*

C.M. Fairhurst (Caroline M.)
Print or Type Name of Officer

VICE 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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 82298
2. Name of Corporation: WHEELS OF FREEDOM, INC.
3. Street Address Principal Business Office: 121 Benefit Street — City: Pawtucket — State: R.I. — Zip: 02861
4. Business Phone No.: (401) 728-0100
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 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*)

President Name: William H. Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston — State: R.I. — Zip: 02919

Vice President Name: Caroline M. Fairhurst
Street Address: 52 Serrel Sweet Road
City: Johnston — State: R.I. — Zip: 02919

Secretary Name: Caroline M. Fairhurst
Street Address: -Same-
City — State — Zip

Treasurer Name: Caroline M. Fairhurst
Street Address: -Same-
City — State — Zip

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

Director Name: William H. Fairhurst
Street Address: -Same-
City — State — Zip

Director Name: Caroline M. Fairhurst
Street Address: -Same-
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
2,000 SHS		NO PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
-none-		

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

[redacted]

* 8 2 2 9 8 *

File Date: 2.23.98
Check No.: 3973 90
By: WP

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.

Caroline M. Fairhurst 2-19-98
Signature of Officer — *Date*

Caroline M. Fairhurst
Print or Type Name of Officer

Vice-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

STOP: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 82298

2. Name of Corporation: WHEELS OF FREEDOM, INC.

3. Street Address Principal Business Office: 121 Benefit Street — City: Pawtucket — State: RI — Zip: 02861

4. Business Phone No.: (401) 728-0100

5. State of Incorporation: RHODE ISLAND

6. SIC Code: 3517

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

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

President Name: William H. Fairhurst
Street Address: 52 Serrel Sweet Rd.
City: Johnston — State: RI — Zip: 02919

Vice President Name: Caroline M. Fairhurst
Street Address: 52 Serrel Sweet Rd.
City: Johnston — State: RI — Zip: 02919

Secretary Name: Caroline M. Fairhurst
Street Address: 52 Serrel Sweet Rd.
City: Johnston — State: RI — Zip: 02919

Treasurer Name: Caroline M. Fairhurst
Street Address: 52 Serrel Sweet Rd.
City: Johnston — State: RI — Zip: 02919

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

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

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

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

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

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

AUTHORIZED SHARES
Number of Shares: 2,000 SHS NO PAR VAL ✓ — Class/Series — Par Value: none

ISSUED SHARES: none
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

[redacted] *820298*

File Date: 3.7.97

Check No.: 0940

By: ICP

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.

C M Fairhurst — 2/27/97
Signature of Officer — *Date*

Caroline M. Fairhurst
Print or Type Name of Officer

Vice President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION
82298	WHEELS OF FREEDOM, INC.

3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
121 Benefit Street	Pawtucket	RI	02861

4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6 SIC CODE
(401) 728-0100	RHODE ISLAND	3517

7 BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND

Sales of New Motorcycles, Watercraft, Snowmobiles, ATV's and Related Sales & Service

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
William H. Fairhurst	52 Serrel Sweet Road	Johnston	R.I.	02919

VICE PRESIDENT NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Caroline M. Fairhurst	52 Serrel Sweet Road	Johnston	RI	02919

SECRETARY NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Caroline M. Fairhurst	SAME	SAME	SAME	SAME

TREASURER NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Caroline M. Fairhurst	SAME	SAME	SAME	SAME

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
William H. Fairhurst	SAME			

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE
Caroline M. Fairhurst	SAME			

DIRECTOR NAME	STREET ADDRESS	CITY	STATE	ZIP CODE

DIRECTOR NAME	STREET ADDRESS	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
2,000 SHS	NO PAR VAL				

[redacted] This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee [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.

Caroline M. Fairhurst
Signature of Officer

CAROLINE M. FAIRHURST
Print or Type Name of Officer

VICE President
Title of Officer

1-2-96
Date

File Date: 1/2/96
Check No: 2216
By: RCM/LP

[redacted]

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