NAME CHANGE

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

RHODE ISLAND DEALERS' LICENSE & REGULATIONS OFFICE
DIVISION OF MOTOR VEHICLES
286 Main Street Room 307
Pawtucket, RI 02860
(401) 588-3020 Ext. 2076

INSTRUCTIONS TO MAKE APPLICATION TO CHANGE DEALERSHIP NAME ONLY

1. YOU MUST OBTAIN PRIOR APPROVAL FROM THE DEALERS' LICENSE & REGULATIONS OFFICE BEFORE ANY NAME CHANGES OCCUR.

2. OWNERS, PARTNERS, OR CORPORATE OFFICERS OF THE PRESENT COMPANY MUST REMAIN THE SAME ON THE NAME CHANGE APPLICATION OR THIS CHANGE WILL BE CONSIDERED TO BE A FIRST APPLICATION.

3. COMPLETE APPLICATION FORM AND FINANCIAL STATEMENT IN FULL, SIGNED AND NOTARIZED.

4. DEALERS LOCATED IN THOSE CITIES AND TOWNS THAT REQUIRE LICENSES TO DEAL IN SECOND-HAND VEHICLES, ETC., MUST MAKE THE CHANGE WITH THEIR CITY/TOWN AND WE MUST RECEIVE A COPY OF THE NEW LICENSE OR PROOF FROM THE CITY/TOWN OF SUCH CHANGE.

5. IF THE NEW NAME IS TO BE INCORPORATED, WE MUST RECEIVE:

   - COPY OF THE ARTICLES OF INCORPORATION;
   - COPY OF THE MINUTES OF THE MEETING HELD WHEREIN THE CORPORATE OFFICERS WERE ELECTED (SHOWING THEIR NAMES & CORPORATE TITLES);
   - IF CORPORATION WISHED TO OPERATE UNDER A "DBA" NAME, WE WILL NEED: A COPY OF THE FILED FICTICIOUS NAME REPORT.

6. A PICTURE OF YOUR 24 SQUARE FEET (MINIMUM SIZE) SIGN STATING THE EXACT NEW DEALERSHIP NAME, AS LICENSED.

7. A RIDER ON THE EXISTING BOND ON FILE WITH THIS OFFICE TO AMEND THE DEALERSHIP NAME; OR A NEW SURETY BOND (IF YOUR COMPANY WILL NOT ISSUE A RIDER DOCUMENT).

8. A NEW INSURANCE FILING FORM (GU-1338A) LISTED UNDER THE NEW DEALERSHIP NAME, FILED WITH FINANCIAL RESPONSIBILITY, SECTION OF THE DIVISION OF MOTOR VEHICLES (588-3020 EXT. 2029). ABSOLUTELY NOTHING ELSE IS ACCEPTABLE!

9. A NEW LICENSE FEE OF $100.00 MUST BE ACCOMPANIED WITH ALL OF THE ABOVE.

10. ON THE DATE OF FINALIZATION (AFTER YOU FILED ALL THE ABOVE AND MADE AN APPOINTMENT TO FINALIZE), WE MUST RECEIVE YOUR DEALER LICENSE, ALL DEALER PLATE REGISTRATIONS (FOR CANCELLATION) AND YOU MUST HAVE WITH YOU A CHECK TO PAY FOR ALL NEW REGISTRATIONS AT THE DIVISION OF MOTOR VEHICLES IMMEDIATELY AFTER CHANGING YOUR NAME WITH OUR OFFICE.

REMEMBER!!!AN APPOINTMENT IS NECESSARY TO FINALIZE THIS CHANGE.

APPLICATION TO CHANGE DEALERSHIP NAME ONLY

STATE OF RHODE ISLAND
RHODE ISLAND DEALERS' LICENSE & REGULATIONS OFFICE
DIVISION OF MOTOR VEHICLES
286 MAIN STREET - ROOM 307
PAWTUCKET, RHODE ISLAND 02860

Date: _____

1. Name of firm: _____

2. Principal business location: _____
   Business phone number: _____

3. Location of branch offices (if any): _____
   _____

4. Type of Dealer:
   New vehicles only ( ) Used vehicles only ( ) New & used vehicles ( )

4a. If new car dealer, estimate number of dealers selling same make of car in your city or town: _____

5. Type of Vehicles:
   Passenger cars only ( ) Motorcycles ( )
   Trucks only ( ) Tractor-Trailers ( )
   Passenger cars & trucks ( )

6. How long have you been established as a dealer? _____

7. If a new car dealer, what make of vehicles? _____

8. Have you a dealer's Contract or Franchise? Yes ( ) No ( )

9. Franchise or Contract:
   Name: _____ Address: _____ Date: _____
   _____
   _____

10. Floor Space: Sales _____ Service _____
    Yard Space: Sales _____ Service _____
    Value of service station equipment: _____

11. Give names and addresses of all officers and members of firm:
    Title: Name: Residence Address:
    _____
    _____
    _____
    _____

12. Number of salesmen employed: _____

13. Business References: _____
    _____
    _____

I, the undersigned, hereby declare that I am _____ of the
Title if any
above firm and that the above information is true to the best of my knowledge or belief.
Written signature of applicant _____

State of Rhode Island
County of _____
Subscribed and sworn to before me this ____ day of _____ 20____

_____
Notary Public

FINANCIAL STATEMENT AND BALANCE SHEET (CONFIDENTIAL)

DIVISION OF MOTOR VEHICLES
DEALERS' LICENSE AND REGULATIONS OFFICE

AS OF _____ 20 _____

Name: _____
Corp.-Partnership-Individual *Street Address* *City*

Owner: _____ President: _____

Partner: _____ Vice.-Pres: _____

Partner: _____ Sec.-Treas: _____

ASSETS

CURRENT ASSETS	Amount
1. Cash on hand	$ _____ .
2. Cash in _____ (Name of Bank)	$ _____ .
3. Cash in _____ (Name of Bank)	$ _____ .
Receivables	**********
4. Accounts $ _____	$ _____ .
Inventories (At cost plus Freight)	**********
5. New and Used Cars and Trucks (At cost or book value whichever is lower)	$ _____ .
6. Parts and Accessories	$ _____ .
7. Other Inventory (Describe) _____	$ _____ .
8. _____	$ _____ .
9. _____	$ _____ .
10. _____	$ _____ .
Prepaid Expenses	**********
11. Rent and Insurance	$ _____ .
12. Other Prepaid Expenses	$ _____ .
FIXED ASSETS	**********
13. Land and Buildings (Auto Business)	$ _____ .
14. Auto Machinery, Tools and Equip.	$ _____ .
15. Office Furniture and Fixtures	$ _____ .
OTHER ASSETS NOT LISTED ABOVE	**********
16. _____	$ _____ .
17. _____	$ _____ .
18. _____	$ _____ .
19. _____	$ _____ .
20. TOTAL. ASSETS (Lines.....inc.)	$ _____ .

LIABILITIES

CURRENT LIABILITIES	Amount
21. Accounts Payable	$ _____ .
22. Notes Payable	$ _____ .
23. No. ... New Cars Floor-Planned	$ _____ .
24. No. ... New Trks. & Impl. Floor-Plnd	$ _____ .
25. No. ... Demonstrators Floor-Plnd	$ _____ .
26. No. ... Used Vehicles Floor-Plnd	$ _____ .
27. **Customer Deposits on Motor Vehicles to be Delivered**	**********
(Names to be furnished upon request)	
(a) Cash	$ _____ .
(b) Trade-in on other merchandise	$ _____ .
28. Social Security and Unemployment Compensation	$ _____ .
29. TOTAL (Lines 21-28 ..inc.)	$ _____ .
MORTGAGES PAYABLE ON:	**********
30. Land and Buildings (Auto Business)	$ _____ .
31. Auto Machinery, Tools and Equipment	$ _____ .
32. Office Furniture and Fixtures	$ _____ .
33. Other _____	$ _____ .
34. Judgement Outstanding	$ _____ .
RESERVES & CONTINGENT LIABILITIES	**********
35. Land and Buildings (Auto Business)	$ _____ .
36. Other _____	$ _____ .
37. _____	$ _____ .
38. TOTAL LIABILITIES (Lines 21-35 ..inc.)	$ _____ .
CAPITAL	**********
39. Stock Outstanding	$ _____ .
40. Proprietor's Investment	$ _____ .
41. Partners' Investments	$ _____ .
42. TOTAL (Lines 39-42 ..inc.) (Should equal total assets)	**********

STATE OF RHODE ISLAND)
COUNTY OF) SS.

I, _____, being first duly sworn on oath, depose and say that the foregoing statement submitted in behalf of the above named applicant and the report of consumer's deposits on the reverse side of this statement are true to the best of my knowledge, except those matters therein stated on information and belief, and I believe them to be true.

Subscribed and sworn to before me this
day of _____ 20 _____

_____ _____
Notary Public (Signature of active officer, partner or owner)