



**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. **13800**  
2. Name of Corporation **LOGISTICSX CO.**  
3. Street Address Principal Business Office  
**160 Woodridge Drive**  
4. Business Phone No. **PHONE 401 267 0055 FAX 267-0011** 5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Logistics Consulting and Real Estate**

City **Saunderstown** State **RI** Zip **02874**  
6. SIC Code **7286** & **5553**

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

President Name  
**William G. SanAntonio, Jr.**  
Street Address  
**160 Woodridge Drive**  
City **Saunderstown** State **RI** Zip **02874**

Vice President Name  
  
Street Address  
  
City State Zip

Secretary Name  
**Barbara M. SanAntonio**  
Street Address  
**160 Woodridge Drive**  
City **Saunderstown** State **RI** Zip **02874**

Treasurer Name  
**William G. SanAntonio, Jr.**  
Street Address  
**160 Woodridge Drive**  
City **Saunderstown** State **RI** Zip **02874**

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

Director Name  
**William G. SanAntonio, Jr.**  
Street Address  
**160 Woodridge Drive**  
City **Saunderstown** State **RI** Zip **02874**

Director Name  
**Barbara M. SanAntonio**  
Street Address  
**160 Woodridge Drive**  
City **Saunderstown** State **RI** Zip **02874**

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**100 SHS NO PAR COM**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**80 Common no par value**

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



\* 1 3 8 0 0 \*

File Date: **FILED**

Check No.: **MAR 09 2000**

By: **John 189**

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]* 1/3/00  
Signature of Officer **William G. SanAntonio, Jr.** Date  
Print or Type Name of Officer  
**President**  
Title of Officer