



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

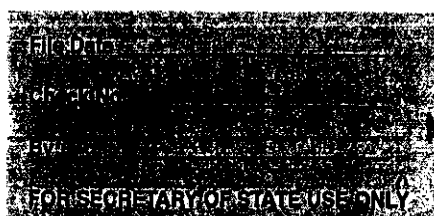
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 144834		2. Exact name of the Corporation Delivery Management Services, Inc.			
3. Principal office address 44 A Street			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-663-0600			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Provide transportation management consulting services.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name Mark A. Martin, Jr.			Vice-President Name Michael L. Minisce		
Street Address 60 Club House Road			Street Address 203 Pinewood Drive		
City Coventry	State RI	Zip 02816	City Smithfield	State RI	Zip 02916
Secretary Name Steven Fix			Treasurer Name Steven Fix		
Street Address 9 Nason Lane			Street Address 9 Nason Lane		
City Foxboro	State MA	Zip 02035	City Foxboro	State MA	Zip 02035
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name Michael L. Minisce			Director Name Mark A. Martin, Jr.		
Street Address 203 Pinewood Drive			Street Address 60 Club House Road		
City Smithfield	State RI	Zip 02916	City Coventry	State RI	Zip 02816
Director Name Steven Fix			Director Name		
Street Address 9 Nason Lane			Street Address		
City Foxboro	State MA	Zip 02035	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			300	COMMON	NONE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



FILED

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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.

Signature of Authorized Representative

Date

Mark A. Martin, Jr., President

Print or Type Name of Authorized Representative