



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**  
Corporation

STAMP

- Filing period: January 1 - March 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>96875</b>		2. Exact name of the Corporation <b>LINCOLN FREIGHT TERMINAL, INC.</b>	
3. Principal Office Address <b>50 Industrial Circle</b>		City <b>Lincoln</b>	State <b>RI</b>
		Zip <b>02865</b>	
4. NAICS Code <b>48-49 - Transportation and War</b>	6. Brief description of the character of business conducted in Rhode Island <b>TO OWN, OPERATE, MANAGE A FREIGHT STORAGE AND TERMINAL FACILITY</b>		
5. State of Incorporation <b>Rhode Island</b>	<b>484121</b>		
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>James J. Noon</b>		Vice-President Name <b>Walter W. Martish, Jr.</b>	
Street Address <b>50 Industrial Circle</b>		Street Address <b>50 Industrial Circle</b>	
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>
Secretary Name <b>James J. Noon</b>		Treasurer Name <b>Walter W. Martish, Jr.</b>	
Street Address <b>50 Industrial Circle</b>		Street Address <b>50 Industrial Circle</b>	
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.			
Changes require an additional filing.			
10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
NUMBER OF SHARES		CLASS/SERIES	
200		Common	
		No Par	
11. 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.			
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.			
Name of Authorized Representative <b>JAMES NOON</b>		Date <b>2/14/18</b>	
Signature of Authorized Representative		SIGN DOCUMENT HERE <b>MAR 02 2018</b>	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.n.gov

BY **1924 QS**