State of Rhode Island and Providence Plantations

# Department of State - Business Services Division

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## Annual Report for the year: 2018

## Corporation

→ 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 | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 96875 | LINCOLN FREIGHT TERMINAL, INC. | | | |
| 3. Principal Office Address: 50 Industrial Circle | | City: Lincoln | State: RI | Zip: 02865 |
| 4. NAICS Code: 48-49 - Transportation and War | 6 Brief description of the character of business conducted in Rhode Island: TO OWN, OPERATE, MANAGE A FREIGHT STORAGE AND TERMINAL FACILITY | | | |
| 5. State of Incorporation: Rhode Island | 484121 | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: James J. Noon | | | Vice-President Name: Walter W. Martish, Jr. | | |
| Street Address: 50 Industrial Circle | | | Street Address: 50 Industrial Circle | | |
| City: Lincoln | State: RI | Zip: 02865 | City: Lincoln | State: RI | Zip: 02865 |
| Secretary Name: James J. Noon | | | Treasurer Name: Walter W. Martish, Jr. | | |
| Street Address: 50 Industrial Circle | | | Street Address: 50 Industrial Circle | | |
| City: Lincoln | State: RI | Zip: 02865 | City: Lincoln | State: RI | Zip: 02865 |

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

| 9 Shares Authorized | 10. Shares Issued — Check the box to indicate an attachment ☐ | | |
|---|---|---|---|
| This information is currently of record in the Department of State. Changes require an additional filing. | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | 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: JAMES NOON — FILED — Date: 2/14/18

Signature of Authorized Representative: SIGN DOCUMENT HERE

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BY 1924 QS

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

FORM 630 - Revised: 10/2016