



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

STAMP

1. Entity ID Number 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. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island Provide transportation management consulting services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
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) Check the box to indicate an attachment ☐					
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 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
		300		COMMON	NONE
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 Mark A. Martin, Jr. President			Date 2/26/18		
Signature of Authorized Representative 			SIGN DOCUMENT HERE MAR 07 2018 BY ISO29 DS		

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: 02/2017