



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ~~2004~~ 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 128105		2. Exact name of the limited liability company Eastway Transportation Services, LLC.	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATING AN OVERLAND AND EXPRESS DELIVERY SERVICE	
5. Principal office address 10 ROSS SIMON DRIVE		City CRANSTON	State RI Zip: 02920
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name A. A. DILUGLIO		Contact Title OPERATING MANAGER	
Street Address 10 ROSS SIMON DRIVE		City CRANSTON	State RI Zip 02920
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Manager Name	Manager Name	City	State
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name STEVEN J. HIRSCH		Address 100 JEFFERSON BOULEVARD, SUITE 315	
Address		City WARWICK	Zip 02888

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 8 1 0 5

128105 DLLC 04/14/05 01:52:04 PM

FILED

File Date

Check No. MAY 18 2006

By: BV 02 99215

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 of Authorized Person

Date

Print or Type Name of Authorized Person



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 128105		2. Exact name of the limited liability company Eastway Transportation Services, LLC.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATING AN OVERLAND AND EXPRESS DELIVERY SERVICE			
5. Principal office address 10 ROSS SIMON DRIVE		City CRANSTON	State RI Zip 02920-		
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ELIZABETH A DILUGLIO		Contact Title .			
Street Address 10 ROSS SIMON DRIVE		City CRANSTON	State RI Zip 02920-		
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name STEVEN J. HIRSCH		Address 100 JEFFERSON BOULEVARD, SUITE 315			
Address		City WARWICK		Zip 02888-	

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 8 1 0 5

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 Person

Date

Print or Type Name of Authorized Person

128105 DLLC 10/26/04 12:02:37 PM

File Date 11/22/04

Check No. 203

By: DA

FOR SECRETARY OF STATE USE ONLY



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 128105		2. Exact name of the limited liability company EASTWAY TRANSPORTATION SERVICES, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OPERATING AN OVERLAND AND EXPRESS DELIVERY SERVICE	
5. Principal office address 10 ROSS SIMON DRIVE		City CRANSTON	State RHODE ISLAND Zip 02920
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ELIZABETH A. DILUGLIO		Contact Title	
Street Address 10 ROSS SIMON DRIVE		City CRANSTON	State RHODE ISLAND Zip 02920
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
Manager Name	Manager Name		
Street Address		Street Address	
City	State	Zip	City
8. RESIDENT AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name STEVEN J. HIRSCH, ESQ.		Address 100 JEFFERSON BLVD., SUITE 315	
Address		City WARWICK	Zip 02888

This report must be signed in ink by an authorized person pursuant to 7-16-66.



1 2 8 1 0 5

File Date	11/17/03
Check No.	2058
By:	
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.

11-12-03
Signature of Authorized Person Date
ELIZABETH A. DILUGLIO
Print or Type Name of Authorized Person