

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

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I. ID No.	2. Exac	t name of the limited i				
128105		vay Transportation	•			
3. State of Formation			•	business which is actually condu EXPRESS DELIVERY SE		₩
RHODE ISLAN	D	OPERATING AN	OVERDAND AND	DAFRESS DELIVERI OB	KATCE	39. CO
5. Principal office of	idress	<u>* </u>		City	State	Zip;
10 ROSS SIMO	ON DRIV	E		CRANSTON	RI	02920 1-1.,
6. MAILING AD	DRESS C	F LIMITED LIA	BILITY COMPA	Y AND NAME OR TITI	E OF CONTACT P	ERSON:
Contact Name				Contact Title		<u> </u>
HIGRED: A	DILUGE.	10		OPERATING MAI		<u> </u>
Street Address LO ROSS SIMON DRIVE			City CRANSTON	State RI	Zip C 02920 5	
			GER OF THE L	IMITED LIABILITY CO		
•		FILL IN SPACE	S BEFORE USING	ATTACHMENTS ("X" BO	X FOR ATTACHMENT)	
<u>ئ</u> .	ANY M	ODIFICATIONS TO I	MANAGERS REQUI	RES FILING OF AMENDMEN	T. R.I.G.L 7-16-12 (a) (2	2) / 7-16-52
Manager Name				• Manager Name		- بر ند
	·	••		•••		10 (n)
Street Address				• Street Address		
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City		State:	Zip	*Cirv	State	2 <i>ip</i>
Manager Name				· · · · · · · · · · · · · · · · · · ·		Ting
Fichager Name		:		*Manager Name *		5
Street Address				•Sircet Address		
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City		State	Zip	.Ciry	State	Zip
			1			
8. KESIDENT AG	ENTINE	BODE ISLAND -D	O NOT ALTER- Ch	anges require filing o	Form 642 - R.I.G.L	7-16-11
STEVEN J. HIF	RSCH	•			N BOULEVARD, S	የ የተሞ ጎነፍ
Address			 -	City		Zip
		:		WARWICK		02888
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						DEC 29
This report must	be signed	<mark>linink</mark> by an au	thorized person p	pursuant to 7-16-66.		•
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	1 2 8	3 1 0 5	•			α ',:
		: .				affirm that I have examined
		·	_		iding any accompanying ements contained herein	g schedules and statements,
128105 DLLC	2414/QE	01:52:04 PM		ano mai an suite j	ments confining herein	i are true and correct.
File Date		. <u>U</u>			11/1/	
.	1AY 18	2006		(/)	11/1	
Check No.	IWI TO	- בחתח		Signature of Auth	orized Person	Date
_{Ru} .	α	2 GOOK	-	Dliza	hoth Dilulu	
By:	OF STATE :	- 4-12-12		Print or Type Na	me of Authorized Person	
FOR SECRETARY	OFSIAIF	79E OULY				Form 632 Rev. 6/0



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

•/	eptember 1 - Novembe TYPED OR PRINTED IN B	•	30.00				
7. ID No. 128105		ct name of the limited liabilty company					
3. State of Formation		astway Transportation Services, LLC. 14. Brief description of the character of the business which is actually conducted in Rhode Island					
,	ODERATI		D EXPRESS DELIVERY SERV				
RHODE ISLA	ND OF EACH			-4-			
5. Principal office 1			City CRANSTON	State RI	<i>Zip</i> 02920-		
6. MAILING A Contact Name ELIZABETH		D LIABILITY COMP	ANY AND NAME OR TITLE Contact Title	OF CONTACT PE	RSON:		
Street Address	•	-	City	State	Zip		
10 ROSS SIM	ON DRIVE		. CRANSTON	RI	02920-		
Manager Name		SPACES BEFORE USIN NS TO MANAGERS REQ	G ATTACHMENTS ("X" BOX UIRES FILING OF AMENDMENT. • Manager Name •	FOR ATTACHMENT) [R.I.G.L 7-16-12 (a) (2)			
Street Address		·	· Street Address				
City	State	Zip	City	State	Zip		
Manager Name			Manager Name				
Sircei Address		-	·Street Address	 .			
City	State	Zip	City	State	Zip		
8. RESIDENT A	GENT IN RHODE ISLA	AND -DO NOT ALTER- C	hanges require filing of	Form 642 - R.I.G.L. 7	-16-11		
STEVEN J. H	IRSCH		ioo jefferson	BOULEVARD, SU	ITE 315		
Address			City	Ţ.	lip		
			WARWICK		02888-		

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



128105 DLLC 10/26/04 12:02:37 PM
File Date 11 22 04
Check No. 203
B _Y . OA.
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.

Form 632 Rev. 6/02

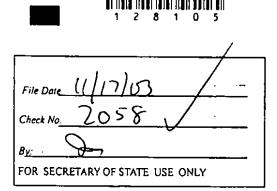


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

riling Period: Septe (FORM MUST BE TYP)			•	0.00				
1. ID No. 128105	2. Exact	EASTWAY TRANSPORTATION SERVICES, LLC						
3. State of Farmation		4. Brief description	in of the character of the	business which is actually conduc	icd in Rhode Island			
RHODE ISLAND OPERATING AN OVERLAND AND I								
, -	Principal office address 10 ROSS SIMON DRIVE				State RHODE ISLA	<i>Zip</i> ND 02920		
6. MAILING ADD Contact Name ELIZABETH A.			IABILITY COMPA	NY AND NAME OR TITL Contact Title	E OF CONTACT PERSO	on: '		
Street Address 10 ROSS SIMON	O ROSS SIMON DRIVE				State RHODE ISLA	<i>Zip</i> ND 02920		
7. NAME AND AD		FILL IN SPA	CES BEFORE USING	LIMITED LIABILITY CO ATTACHMENTS ("X" BO) IRES FILING OF AMENDMENT **Manager Name	X FOR ATTACHMENT) 🔲 👚			
Street Address			· Street Address	* Sireel Address				
City		State	Zip	City	State	Ζίρ		
Manager Name		 .	l	Manoger Name				
Sireei Address	· · ·			Street Address	<u>-</u> -			
City		State	Zip	City	State	Zip		
8. RESIDENT AGEN	NT IN RE	IODE ISLAND	-DO NOT ALTER- Ch	. sanges require filling of Address	Form 642 - R.I.G.L. 7-16-	11		
STEVEN J. HIRS	CH, ES	Q.		100 JEFFERSON	BLVD., SUITE 315			
Address			City					
				WARWICK	02:	888		

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



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