



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\*

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>19006</u>		2. Name of Corporation <u>OCEAN STATE FORKLIFTS, INC.</u>			
3. Street Address Principal Business Office <u>22 HOLLISTER RD.</u>			City <u>SEEKONK</u>	State <u>MASS</u>	Zip <u>02771</u>
4. Business Phone No. <u>508-336-4630</u>		5. State of Incorporation <u>RHODE ISLAND</u>			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <u>DOUGLAS O'BRIEN JR</u>			Vice President Name <u>DOUGLAS O'BRIEN JR.</u>		
Street Address <u>20 CARLING CIRCLE</u>			Street Address <u>17 School St.</u>		
City <u>SEEKONK</u>	State <u>MA.</u>	Zip <u>02771</u>	City <u>REHOBOTH</u>	State <u>MA.</u>	Zip <u>02769</u>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>600</u>	<u>COMMON</u>	<u>0.00</u>	<u>600</u>		

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.

**FILED**

JUL 21 2006

By AMF

52-02106

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: [Signature] Date: 7/21/06  
Print or Type Name: Douglas A O'Brien Jr  
Title: V President

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 19006		2. Name of Corporation Ocean State Forklifts, Inc.	
3. Street Address Principal Business Office 22 Hollister Road		City Seekonk	State MA
4. Business Phone No. 508-336-4630		5. State of Incorporation RHODE ISLAND	
		6. SIC Code 7773	
7. Brief Description of the Character of Business Conducted in Rhode Island SELL, LEASE AND SERVICE FORKLIFTS AND OTHER HEAVY EQUIPMENT.			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Douglas A. O'Brien, Sr.		Vice President Name Douglas A. O'Brien Jr.	
Street Address 20 Carling Circle		Street Address 13 Villanova Circle	
City Seekonk	State MA	Zip 02771	City Seekonk
Secretary Name Douglas A. O'Brien, Jr.		Treasurer Name Douglas A O'Brien Sr.	
Street Address 13 Villanova Circle		Street Address 20 Carling Circle	
City Seekonk	State MA	Zip 02771	City Seekonk
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Douglas A. O'Brien, Sr.		Director Name Douglas A. O'Brien, Jr	
Street Address 20 Carling Circle		Street Address 13 Villanova Circle	
City Seekonk	State MA	Zip 02771	City Seekonk
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Par Value	Number of Shares
600 NO PAR VALUE			600
			Common
			no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 9 0 0 6 \*

File Date 4/26/04  
Check No. 333  
By: W.  
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 Officer Douglas O'Brien Jr Date \_\_\_\_\_  
Print or Type Name of Officer V. President  
Title of Officer \_\_\_\_\_



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **19006**  
2. Name of Corporation **Ocean State Forklifts, Inc.**  
3. Street Address Principal Business Office  
**22 Hollister Road**  
4. Business Phone No. **508-336-4630**  
5. State of Incorporation **RHODE ISLAND**

City **Seekonk** State **MA** Zip **02771**  
6. SIC Code **7773**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Sell, service and lease forklifts and other heavy equipment.**  
8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Vice President Name  
**Douglas A. O'Brien, Jr.**  
Street Address  
**13 Villanova Circle**  
City **Seekonk** State **MA** Zip **02771**  
Treasurer Name  
**Douglas A. O'Brien, Sr.**  
Street Address  
**20 Carling Circle**  
City **Seekonk** State **MA** Zip **02771**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**  
Director Name  
**Douglas A. O'Brien, Sr.**  
Street Address  
**20 Carling Circle**  
City **Seekonk** State **MA** Zip **02771**  
Director Name  
**Douglas A. O'Brien, Jr.**  
Street Address  
**13 Villanova Circle**  
City **Seekonk** State **MA** Zip **02771**

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)  
AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**600 NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)  
ISSUED SHARES  
Number of Shares Class/Series Par Value  
**600 Common no par value**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 19006 \*

File Date: 3-13-03  
Check No.: 315  
By: [Signature]

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 Officer [Signature] Date 3/6/03  
Print or Type Name of Officer Douglas A O'Brien Jr  
Title of Officer V.P.



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 3 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **19006** 2. Name of Corporation **Ocean State Forklifts, Inc.**  
3. Street Address Principal Business Office  
**22 Hollister Road** City **Seekonk** State **MA** Zip **02771**  
4. Business Phone No. **508-336-4630** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7773**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Sell, service and lease forklifts and other heavy equipment.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>President Name</b> <b>Douglas A. O'Brien, Sr.</b>	<b>Vice President Name</b> <b>Douglas A. O'Brien, Jr.</b>
<b>Street Address</b> <b>20 Carling Circle</b>	<b>Street Address</b> <b>13 Villanova Circle</b>
<b>City</b> <b>Seekonk</b> <b>State</b> <b>MA</b> <b>Zip</b> <b>02771</b>	<b>City</b> <b>Seekonk</b> <b>State</b> <b>MA</b> <b>Zip</b> <b>02771</b>
<b>Secretary Name</b> <b>Douglas A. O'Brien, Jr.</b>	<b>Treasurer Name</b> <b>Douglas A. O'Brien, Sr.</b>
<b>Street Address</b> <b>13 Villanova Circle</b>	<b>Street Address</b> <b>20 Carling Circle</b>
<b>City</b> <b>Seekonk</b> <b>State</b> <b>MA</b> <b>Zip</b> <b>02771</b>	<b>City</b> <b>Seekonk</b> <b>State</b> <b>MA</b> <b>Zip</b> <b>02771</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>Director Name</b> <b>Douglas A. O'Brien, Sr.</b>	<b>Director Name</b> <b>Douglas A. O'Brien, Jr.</b>
<b>Street Address</b> <b>20 Carling Circle</b>	<b>Street Address</b> <b>13 Villanova Circle</b>
<b>City</b> <b>Seekonk</b> <b>State</b> <b>MA</b> <b>Zip</b> <b>02771</b>	<b>City</b> <b>Seekonk</b> <b>State</b> <b>MA</b> <b>Zip</b> <b>02771</b>
<b>Director Name</b>	<b>Director Name</b>
<b>Street Address</b>	<b>Street Address</b>
<b>City</b> <b>State</b> <b>Zip</b>	<b>City</b> <b>State</b> <b>Zip</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
600 NO PAR VALUE		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
600	Common	No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 9 0 0 6 \*

File Date: 1-24-02  
271  
Check No.: \_\_\_\_\_  
By: [Signature]

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]  
Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_  
Doug O'Brien Jr.  
Print or Type Name of Officer \_\_\_\_\_  
V. President  
Title of Officer \_\_\_\_\_



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 19006		2. Name of Corporation OCEAN STATE FORKLIFTS, INC.			
3. Street Address Principal Business Office 22 Hollister Road			City Seekonk	State MA	Zip 02771
4. Business Phone No. 508-336-4630		5. State of Incorporation RHODE ISLAND		6. SIC Code 7773	
Brief Description of the Character of Business Conducted in Rhode Island Sell, service and lease forklifts and other heavy equipment.					
<b>NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/></b>					
President Name Douglas A. O'Brien, Sr.			Vice President Name Douglas A. O'Brien, Jr.		
Street Address 20 Carling Circle			Street Address 13 Villanova Circle		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Secretary Name Douglas A. O'Brien, Jr.			Treasurer Name Douglas A. O'Brien, Sr.		
Street Address 13 Villanove Circle			Street Address 20 Carling Circle		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
<b>NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/></b>					
Director Name Douglas A. O'Brien, Sr.			Director Name Douglas A. O'Brien, Jr.		
Street Address 20 Carling Circle			Street Address 13 Villanova Circle		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>X</b> SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			<b>X</b> SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 SHARES NO	Common PAR VALUE		600 SHARES	COMMON NO PAR VALUE	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 11-1-01

Check No.: 261

By: [Signature]

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]  
Signature of Officer

Date: \_\_\_\_\_

DOUGLAS A. O'BRIEN, JR.  
Print or Type Name of Officer

Vice President  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **19006** 2. Name of Corporation **Ocean State Forklifts, Inc.**

3. Street Address Principal Business Office **22 Hollister Road** City **Seekonk** State **MA** Zip **02771**  
4. Business Phone No. **508-336-4630** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **7773**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Sell, lease and service forklifts and other heavy equipment.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>President Name</b> Douglas A. O'Brien, Sr.	<b>Vice President Name</b> Douglas A. O'Brien, Jr.
<b>Street Address</b> 20 Carling Circle	<b>Street Address</b> 13 Villanova Circle
<b>City</b> Seekonk <b>State</b> MA <b>Zip</b> 02771	<b>City</b> Seekonk <b>State</b> MA <b>Zip</b> 02771
<b>Secretary Name</b> Douglas A. O'Brien, Jr.	<b>Treasurer Name</b> Douglas A. O'Brien, Sr.
<b>Street Address</b> 13 Villanova Circle	<b>Street Address</b> 20 Carling Circle
<b>City</b> Seekonk <b>State</b> MA <b>Zip</b> 02771	<b>City</b> Seekonk <b>State</b> MA <b>Zip</b> 02771

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>Director Name</b> Douglas A. O'Brien, Sr.	<b>Director Name</b> Douglas A. O'Brien, Jr.
<b>Street Address</b> 20 Carling Circle	<b>Street Address</b> 13 Villanova Circle
<b>City</b> Seekonk <b>State</b> MA <b>Zip</b> 02771	<b>City</b> Seekonk <b>State</b> MA <b>Zip</b> 02771
<b>Director Name</b>	<b>Director Name</b>
<b>Street Address</b>	<b>Street Address</b>
<b>City</b>	<b>City</b>
<b>State</b>	<b>State</b>
<b>Zip</b>	<b>Zip</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

**AUTHORIZED SHARES**

Number of Shares	Class/Series	Par Value
600 SHS	NO PAR VAL	

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

**ISSUED SHARES**

Number of Shares	Class/Series	Par Value
600	COMMON	NO PAR VAL

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 19006 \*

File Date: 1/25/00

Check No.: 1401

By: COA

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 Officer [Signature] Date \_\_\_\_\_

DOUGLAS A. O'BRIEN, JR.

Print or Type Name of Officer

VICE PRESIDENT

Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>19006</b>		2. Name of Corporation <b>Ocean State Forklifts, Inc.</b>		
3. Street Address Principal Business Office <b>22 Hollister Road</b>		City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
4. Business Phone No. <b>508-336-4630</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>7773</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Sell, lease and service forklifts and other heavy equipment.</b>				
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS</b>				
President Name <b>Douglas A. O'Brien, Sr.</b>		Vice President Name <b>Douglas A. O'Brien, Jr.</b>		
Street Address <b>20 Carling Circle</b>		Street Address <b>13 Villanova Circle</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>
Secretary Name <b>Douglas A. O'Brien, Jr.</b>		Treasurer Name <b>Douglas A. O'Brien, Sr.</b>		
Street Address <b>13 Villanova Circle</b>		Street Address <b>20 Carling Circle</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS</b>				
Director Name <b>Douglas A. O'Brien, Sr.</b>		Director Name <b>Douglas A. O'Brien, Jr.</b>		
Street Address <b>20 Carling Circle</b>		Street Address <b>13 Villanova Circle</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Seekonk</b>	State <b>MA</b>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)</b>				
AUTHORIZED SHARES			<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)</b>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<b>600 SHS NO PAR VAL</b>	<b>Common</b>	<b>None</b>	<b>600</b>	<b>Common</b>
				<b>No par value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Jan 11, 99

Check No.: 319

By: [Signature]

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 Officer: [Signature] Date: 11 / 99

**Douglas A. O'Brien, Jr.**

Print or Type Name of Officer

**Vice-President**

Title of Officer



1998



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Company ID No. **18006** 2. Name of Corporation **Ocean State Forklifts, Inc.**

3. Street Address Principal Business Office **22 HOLLISTER ROAD** City **SEEKONK** State **MA** Zip **02771**  
4. Business Phone No. **508-336-4630** 5. **RHODE ISLAND** 6. ~~FF~~ **7773**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Sell, lease and service forklifts and other heavy equipment.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)**

<b>President Name</b> Douglas A. O'Brien, Sr. <b>Street Address</b> 20 Carling Circle <b>City</b> Seekonk <b>State</b> MA <b>Zip</b> 02771	<b>Vice President Name</b> Douglas A. O'Brien, Jr. <b>Street Address</b> 13 Villanova Circle <b>City</b> Seekonk <b>State</b> MA <b>Zip</b> 02771
<b>Secretary Name</b> Douglas A. O'Brien, Jr. <b>Street Address</b> 13 Villanova Circle <b>City</b> Seekonk <b>State</b> MA <b>Zip</b> 02771	<b>Treasurer Name</b> Douglas A. O'Brien, Sr. <b>Street Address</b> 20 Carling Circle <b>City</b> Seekonk <b>State</b> MA <b>Zip</b> 02771

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

<b>Director Name</b> Douglas A. O'Brien, Sr. <b>Street Address</b> 20 Carling Circle <b>City</b> Seekonk <b>State</b> MA <b>Zip</b> 02771	<b>Director Name</b> Douglas A. O'Brien, Jr. <b>Street Address</b> 13 Villanova Circle <b>City</b> Seekonk <b>State</b> MA <b>Zip</b> 02771
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

**AUTHORIZED SHARES**

Number of Shares	Class/Series	Par Value
<b>600 SHS NO PAR VAL</b>	Common	No par value

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

**ISSUED SHARES**

Number of Shares	Class/Series	Par Value
600	Common	No par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 9 0 0 6 \*

File Date: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
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.

*[Signature]* 1/20/98  
Signature of Officer Date  
Douglas O'Brien Jr  
Print or Type Name of Officer  
Vice President  
Title of Officer



**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**

Filing Period: January 1-March 1  
Filing Fee: \$50.00



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

PLEASE TYPE OR PRINT IN BLACK INK.

1. COMPANY STATE ID NO. 0019006		2. NAME OF CORPORATION OCEAN STATE FORKLIFTS, INC.					
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 22 Hollister Road				CITY Seekonk		STATE MA	ZIP CODE 02771
4. BUSINESS PHONE NO. (508) 336-4630			5. STATE OF INCORPORATION Rhode Island			6. SIC CODE 3517	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Ocean State Forklifts, Inc. is in the business of selling, leasing and servicing forklifts for businesses in Massachusetts and Rhode Island.							
8. NAMES AND ADDRESSES OF THE OFFICERS							
PRESIDENT NAME Douglas A. O'Brien, Sr.				VICE PRESIDENT NAME Douglas A. O'Brien, Jr.			
STREET ADDRESS 20 Carling Circle				STREET ADDRESS 13 Villanova Circle			
CITY Seekonk		STATE MA	ZIP CODE 02771	CITY Seekonk		STATE MA	ZIP CODE 02771
SECRETARY NAME Douglas A. O'Brien, Jr.				TREASURER NAME Douglas A. O'Brien, Sr.			
STREET ADDRESS 13 Villanova Circle				STREET ADDRESS 20 Carling Circle			
CITY Seekonk		STATE MA	ZIP CODE 02771	CITY Seekonk		STATE MA	ZIP CODE 02771
9. NAMES AND ADDRESSES OF THE DIRECTORS							
DIRECTOR NAME Douglas A. O'Brien, Sr.				DIRECTOR NAME Douglas A. O'Brien, Jr.			
STREET ADDRESS 20 Carling Circle				STREET ADDRESS 13 Villanova Circle			
CITY Seekonk		STATE MA	ZIP CODE 02771	CITY Seekonk		STATE MA	ZIP CODE 02771
DIRECTOR NAME				DIRECTOR NAME			
STREET ADDRESS				STREET ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED							
AUTHORIZED SHARES						ISSUED SHARES	
NUMBER OF SHARES		CLASS / SERIES	PAR VALUE	NUMBER OF SHARES		CLASS / SERIES	PAR VALUE
600		Common/None	NO PAR VAL	600		Common/None	NO PAR VAL

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

*Douglas A. O'Brien, Sr.*  
Signature of Officer

Douglas A. O'Brien, Sr.  
Print or Type Name of Officer

President

Title of Officer

2-23-96

Date

File Date: 3/28/96

Check No: 1207

By: CP

For Secretary of State Use Only

Filing Fee \$50.00

To be filed annually between January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0019006 Annual Report for the year 1995

FIRST: The name of the corporation is OCEAN STATE FORKLIFTS, INC.

SECOND: It is incorporated under the laws of the State of Rhode Island **FILED**

THIRD: Character of business, briefly stated, is JAN U 5 1995

By M-h

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in ~~Rhode Island~~ 22 Hollister Road  
Seekonk, Massachusetts 02771

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Douglas A. O'Brien, Sr.	Director	20 Carling Circle, Seekonk, MA 02771
Douglas A. O'Brien, Jr.	Director	13 Villanova Circle Seekonk, MA 02771
	Director	
Douglas A. O'Brien, Sr.	President	20 Carling Circle, Seekonk, MA 02771
Douglas A. O'Brien, Jr.	Vice President	13 Villanova Circle Seekonk, MA 02771
Douglas A. O'Brien, Jr.	Secretary	13 Villanova Circle Seekonk, MA 02771
Douglas A. O'Brien, Sr.	Treasurer	20 Carling Circle, Seekonk, MA 02771

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	Without par value.

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	

Dated Jan. 3rd 19 95

OCEAN STATE FORKLIFTS, INC.  
(Name of Corporation)

By Douglas A. O'Brien, Sr.

Title President

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0019006

Annual Report for the year 1994

FIRST: The name of the corporation is OCEAN STATE FORKLIFTS, INC.

SECOND: It is incorporated under the laws of The State of Rhode Island

THIRD: Character of business, briefly stated, is

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 20 Hollister Road, Seekonk, Massachusetts

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
DOUGLAS A. O'BRIEN SR.	Director	20 Carling Circle, Seekonk, MA
CONSTANTINE N. MONTECALVO	Director	19 Bolton Street, Warwick, R. I.
	Director	
DOUGLAS A. O'BRIEN, SR.	President	20 Carling Circle, Seekonk, MA
CONSTANTINE N. MONTECALVO	Vice President	19 Bolton Street, Warwick, R. I.
CONSTANTINE N. MONTECALVO	Secretary	19 Bolton Street, Warwick, R. I.
DOUGLAS A. O'BRIEN, SR.	Treasurer	20 Carling Circle, Seekonk, MA

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	Without Par Value

None FILED

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	Without Par Value

MAY 27 1994  
By [Signature] Series 03042

Dated May 10, 1994 19

OCEAN STATE FORKLIFTS, INC.

(Name of Corporation)

By [Signature]

DOUGLAS A. O'BRIEN

Title President

(Report must be signed by an officer)

RECEIVED  
SECRETARY OF STATE  
CORRESPONDENCE DIV.

MAY 27 4 07 PM '94



State of Rhode Island and Providence Plantations  
 Barbara M. Leonard  
 Secretary of State  
 100 North Main Street  
 Providence, Rhode Island  
 02903-1335

SUPPLEMENT TO 1994 ANNUAL REPORT

Corporation Name: Ocean State Forklifts, Inc.

Federal Taxpayer Identification Number: \_\_\_\_\_

For foreign entity, address and telephone number of principal office:

22 Hollister Rd  
Seekonk, Massachusetts

Phone (508) 336-4630

Address and telephone number of the principal office of business entity in Rhode Island (Provide street address-not P.O. Box):

None

Phone ( ) \_\_\_\_\_

Business entity is (check one):

- (  ) Business Corporation (See RIGL Chapter 7-1.1)
- (  ) Professional Service Corporation (See RIGL Chapter 7-5.1)
- (  ) Limited Liability company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Van L. Hayhow Esq.  
89 N Main St  
Attleboro, Mass 02703

Date of organization: 7/20/82

Date of qualification to do business in Rhode Island (if foreign entity): Not Applicable

FILED  
 MAY 27 1994  
 BY J.P.#9  
 123042-

RECEIVED  
SECRETARY OF STATE  
WASHINGTON, D.C.

MAY 27 4 07 PM '34

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0019006 Annual Report for the year 1993

FIRST: The name of the corporation is OCEAN STATE FORKLIFTS, INC.

SECOND: It is incorporated under the laws of The State of Rhode Island

THIRD: Character of business, briefly stated, is the sale and lease of equipment

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 22 Hollister Road, Seekonk, Massachusetts

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Douglas A. O'Brien, Sr.	Director	20 Carling Circle, Seekonk, Massachusetts
Constantine N. Montecalvo	Director	19 Bolton Street, Warwick, Rhode Island
	Director	
Douglas A. O'Brien, Sr.	President	20 Carling Circle, Seekonk, Massachusetts
Constantine N. Montecalvo	Vice President	19 Bolton Street, Warwick, Rhode Island
Constantine N. Montecalvo	Secretary	19 Bolton Street, Warwick, Rhode Island
Douglas A. O'Brien, Sr.	Treasurer	20 Carling Circle, Seekonk, Massachusetts

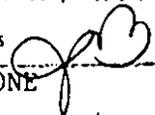
SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	COMMON	NONE	WITHOUT PAR VALUE

**FILED**

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	COMMON	NONE	WITHOUT PAR VALUE

MAY 27 1994  
By  Series NONE

#9 123042

Dated November 11, 19 93

Ocean State Forklifts, Inc.  
(Name of Corporation)

By  Douglas A. O'Brien, Sr.

Title President

(Report must be signed by an officer)

RECEIVED  
SECRETARY OF STATE

MAY 27 4 07 PM '34

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

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State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0019006 Annual Report for the year 1992

FIRST: The name of the corporation is OCEAN STATE FORKLIFTS, INC.

SECOND: It is incorporated under the laws of The State of Rhode Island

THIRD: Character of business, briefly stated, is the sale and lease of equipment

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 20 Hollister Road, Seekonk, Massachusetts

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Douglas A. O'Brien, Sr.	Director	20 Carling Circle, Seekonk, MA
Constantine N. Montecalvo	Director	19 Bolton Street, Warwick, R. I.
	Director	
Douglas A. O'Brien, Sr.	President	20 Carling Circle, Seekonk, MA
Constantine N. Montecalvo	Vice President	19 Bolton Street, Warwick, R. I.
Constantine N. Montecalvo	Secretary	19 Bolton Street, Warwick, R. I.
Douglas A. O'Brien	Treasurer	20 Carling Circle, Seekonk, MA

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	Without Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common	None	Without Par Value

Rec'd & Filed

DEC 31 1992

Dated December 30 19 92

OCEAN STATE FORKLIFTS, INC.  
(Name of Corporation)

By Douglas A. O'Brien  
DOUGLAS A. O'BRIEN

Title President

(Report must be signed by an officer)

RECEIVED  
SECRETARY OF THE  
NAVY  
WASHINGTON, D.C.

DEC 31 12 59 PM '92

SS

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903

Corporate ID: 19006 Annual Report for the year: 1991

FIRST: The name of the corporation is: Ocean State  
Forklifts, Inc.

SECOND: It is incorporated under the laws of: Rhode  
Island.

THIRD: Character of business, briefly stated, is: the  
selling, renting, leasing and servicing of material-handling  
equipment.

FOURTH: If foreign corporation, address of its principal  
office:

FIFTH: Business address in Rhode Island: None

SIXTH: Names and addresses of its directors and officers:

Douglas O'Brien  
Director  
20 Carling Circle  
Seekonk, RI 02771

Constantino Montecalvo  
Director  
19 Bolton Street  
Warwick, RI 02888

Richard A. Medeiros  
Director  
21 Roberta Dr.  
Barrington, RI 02806



Douglas O'Brien  
President  
20 Carling Circle  
Seekonk, RI 02771

Constantino Montecalvo  
Secretary  
19 Bolton Street  
Warwick, RI 02888

SEVENTH: Number of Shares authorized:

<u>No. of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value</u>
600			No Par Value

EIGHTH: Number of Shares issued:

<u>No. of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value</u>
600			No Par Value

Dated:

12/4, 1991

Ocean State Forklifts, Inc.

By: Douglas O'Brien

Title: President

Ocean State Forklifts, Inc.  
c/o Michael Goldenberg  
Goldenberg & Muri  
15 Westminster Street  
Providence, Rhode Island 02903

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SECRETARY OF STATE

Dec 5 11 09 AM '91

Rec'd & Filed DEC 6 5 1991

SS 34 62681

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0019006 Annual Report for the year 1990

FIRST: The name of the corporation is Ocean State Forklifts, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is RETAIL FORKLIFTS, PARTS & SERVICE

FOURTH: If foreign corporation, address of its principal office 22 HOLLISTER Rd. SEEKONK, MASS. 02771

FIFTH: Business address in Rhode Island —

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>DOUGLAS O'BRIEN</u>	President	<u>20 CARBINS CIRCLE, SEEKONK, MA</u>
	Vice President	
	Secretary	
<u>CONSTANTINO MONTECALVO</u>	Treasurer	<u>19 BOLTON ST, WARWICK, R.I. 02888</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>COMMON</u>		<u>1.00 EA</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>COMMON</u>	<u>PAID FEB 9</u>	<u>1.00 EA</u>

Dated 19

Ocean State Forklifts  
(Name of Corporation)  
By Constantino Montecalvo  
Title Sec

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0019006 Annual Report for the year 1989

FIRST: The name of the corporation is OCEAN STATE FORKLIFTS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is RETAIL FORKLIFTS, PARTS & SERVICE

FOURTH: If foreign corporation, address of its principal office 22 HOLLISTER RD., SEEKONK, MASS. 02771

FIFTH: Business address in Rhode Island NONE

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
<u>Douglas O'Brien</u>	President	<u>20 CARLING CIRCLE, SEEKONK, MASS. 02771</u>
<u>Richard Medeiros</u>	Vice President	<u>63 Ledge Rd, SEEKONK, MASS. 02771</u>
	Secretary	
<u>Constantino Montecarlo</u>	Treasurer	<u>19 BOLTON ST, WARWICK, R.I. 02888</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>COMMON</u>		<u>1.00 EA.</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>COMMON</u>	<u>PAID</u>	<u>1.00 EA.</u>

Dated 19

Ocean State Fork Lifts, Inc.  
(Name of Corporation)

By Constantino Montecarlo

Title Sec.

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 001900E Annual Report for the year 1989

FIRST: The name of the corporation is Ocean State Forklifts, Inc.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is \_\_\_\_\_

FOURTH: If foreign corporation, address of its principal office 22 Hollister Rd.,  
SEEKONK, MA 02771

FIFTH: Business address in Rhode Island NONE

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>Douglas O'Brien</u>	<u>President Director</u>	<u>20 CARLINS Circle, SEEKONK, MA 02771</u>
<u>Richard A. Medeiros</u>	<u>V.P. &amp; TREASURER Director</u>	<u>63 Ledge Rd., SEEKONK, MA 02771</u>
<u>Constantino Montecalvo</u>	<u>SECRETARY Director</u>	<u>19 Bolton St., WARWICK, R.I. 02888</u>
_____	President	_____
_____	Vice-President	_____
_____	Secretary	_____
_____	Treasurer	_____

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>COMMON</u>	<u>PAID</u>	<u>\$1.00</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>	<u>COMMON</u>	<u>STATE OF STATE</u>	<u>\$1.00</u>

PAID  
FEB 16 1989  
STATE OF STATE

Dated February 13 19 89

Ocean State Forklifts, Inc.  
(Name of Corporation)  
By Douglas O'Brien  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 19006 Annual Report for the year 1987

FIRST: The name of the corporation is Ocean State Forklifts, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is MATERIAL HANDLING, SALES & SERVICE

FOURTH: If foreign corporation, address of its principal office 22 HOLLISTER Rd., SEEKONK, MASS. 02771

FIFTH: Business address in Rhode Island NONE

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<i>[Signature]</i>	Director	
	Director	
	Director	
<u>DOUGLAS A. O'BRIEN</u>	President	<u>20 CARLING CIRCLE, SEEKONK, MA. 02771</u>
<u>RICHARD A. MEDEIROS</u>	Vice President	<u>63 LEDGE Rd., SEEKONK, MA. 02771</u>
<u>CONSTANTINO MONTECALVO</u>	Secretary	<u>19 BOSTON ST. WARWICK, R.I. 02888</u>
<u>RICHARD A. MEDEIROS</u>	Treasurer	<u>63 LEDGE Rd., SEEKONK, MA. 02771</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>			<u>\$1.00</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>600</u>			<u>\$1.00</u>

Dated 2-9 19 88

Ocean State Forklifts, Inc. ENTERED MAR 7 1988  
(Name of Corporation)

By Richard A. Medeiros

Title Vice President / Treasurer

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 19006 Annual Report for the year 1986

FIRST: The name of the corporation is Ocean State Forklifts, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Material Handling

FOURTH: If foreign corporation, address of its principal office 22 B. Hollister Rd., Seekonk, Mass. 02771

FIFTH: Business address in Rhode Island None

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Douglas O'Brien	President	20 Carling Circle, Seekonk, Mass. 02771
Richard A. Medeiros	Vice President	859 Main Rd., Tiverton, R.I. 02878
Constantino Montecalvo	Secretary	19 Bolton St., Warwick, R.I.
Richard A. Medeiros	Treasurer	859 Main Rd., Tiverton, R.I. 02878

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		

Dated January 15 19 86

01/16/86 PAID ANRE CHEK 0234A001

FEB 13 1986

Ocean State Forklifts, Inc  
(Name of Corporation)  
By Constantino Montecalvo  
Title Secretary

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between January 1st and March 1st



State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is Ocean State Forklifts, Inc.

SECOND: It is incorporated under the laws of R.I.

THIRD: Character of business, briefly stated, is Sale, Rental, Lease, and Services of all Material Handling Equipment.

FOURTH: If foreign corporation, address of its principal office  
22 B Hollister Rd., Seekonk, Mass. 02771

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) None

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Douglas O'Brien	President	20 Carling Circle, Seekonk, Mass. 02771
Richard A Medeiros	Vice President	859 Main Rd., Tiverton, R.I. 02878
Constantino Montecalvo	Secretary	19 Bolton St., Warwick, R.I. 02888
Richard A. Medeiros	Treasurer	859 Main Rd., Tiverton, R.I. 02878

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		None

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		None

Dated: 1-29-1985 Ocean State Forklifts Inc.  
(Name of Corporation)

By Richard A Medeiros

Title Vice President-Treasurer

(Report must be signed by an officer)

FEB 5 1985  
W. Lev

02/01/85 PAID

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is

Ocean State Forklifts Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Sale, Rental, and Service of all Material Handling Equipment

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 859 Main Road, Tiverton, R.I. 02878

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Douglas O'Brien	President	20 Carling Circle, Seekonk, Mass.
Richard A. Medeiros	Vice President	859 Main Road, Tiverton, R.I.
Constantino N. Montecasse	Secretary	19 Bolton St., Warwick, R.I.
Richard A. Medeiros	Treasurer	859 Main Rd., Tiverton, R.I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		Without Par

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		\$600.00

Dated: May 13 19 83

Ocean State Forklifts, Inc.

(Name of Corporation)

By Richard A. Medeiros

Title Vice President

(Report must be signed by an officer)

MAY 19 1983  
LR

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040