



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 110607		2. Exact name of the limited liability company North End Equipment Delivery, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TRUCKING BUSINESS			
5. Principal office address 33 CEDAR SWAMP ROAD		City SMITHFIELD	State RI	Zip 02917-	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES B TAGLIONE			Contact Title Manager		
Street Address 33 CEDAR SWAMP ROAD		City SMITHFIELD	State RI	Zip 02917-	
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 Michael C. Spaziano		Manager Name .			
Street Address 33 Cedar Swamp Road		Street Address .			
City Smithfield	State RI	Zip 02917	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 JAMES B. TAGLIONE			Address 33 CEDAR SWAMP ROAD		
Address .		City SMITHFIELD	Zip 02917-2431		

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



1 1 0 6 0 7

110607 DLLC 08/30/05 02:50:50 PM

File Date: 10/14/05

Check No. 2301

By: JMB

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.

James B. Taglione 9-9-05
Signature of Authorized Person Date
JAMES B. TAGLIONE
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

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6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES B TAGLIONE		Contact Title Manager			
Street Address 33 CEDAR SWAMP ROAD		City SMITHFIELD	State RI	Zip 02917-	
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 Michael C. Spaziano		Manager Name			
Street Address 33 Cedar Swamp Road		Street Address			
City Smithfield	State RI	Zip 02917	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 JAMES B. TAGLIONE		Address 33 CEDAR SWAMP ROAD			
Address		City SMITHFIELD		Zip 02917-	

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



1 1 0 6 0 7

110607 DLLC 08/03/04 04:10:51 PM

File Date 10/5/04

Check No. 8150

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] 10-2-04
Signature of Authorized Person Date

Michael C. Spaziano
Print or Type Name of Authorized Person



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. 110607		2. Exact name of the limited liability company North End Equipment Delivery, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TRUCKING BUSINESS			
5. Principal office address 33 Cedar Swamp Road		City Smithfield	State RI	Zip 02917	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name James B. Taglione			Contact Title OWNER		
Street Address 33 Cedar Swamp Road		City Smithfield	State RI	Zip 02917	
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 Michael C. Spaziano			Manager Name		
Street Address 33 Cedar Swamp Road			Street Address		
City Smithfield	State RI	Zip 02917	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 JAMES B. TAGLIONE			Address		
Address 33 CEDAR SWAMP ROAD			City SMITHFIELD	Zip 02917-	

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



* 1 1 0 6 0 7 *

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.

FILED
File Date OCT 22 2003
Check No. _____
By: [Signature] 1984
FOR SECRETARY OF STATE USE ONLY

[Signature] 9-30-03
Signature of Authorized Person Date
Michael C. Spaziano
Print or Type Name of Authorized Person



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. *110607*		2. Exact name of the limited liability company North End Equipment Delivery, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TRUCKING BUSINESS			
5. Principal office address 33 CEDAR SWAMP ROAD		City SMITHFIELD	State RI	Zip 02917-2431	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JAMES B TAGLIONE			Contact Title		
Street Address 33 CEDAR SWAMP ROAD		City SMITHFIELD	State RI	Zip 02917-2431	
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 (b) (2) / 7-16-52					
Manager Name Michael C. Spaziano		Manager Name			
Street Address 33 Cedar Swamp Road		Street Address			
City Smithfield	State RI	Zip 02917	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 JAMES B. TAGLIONE		Address 33 CEDAR SWAMP ROAD			
Address		City SMITHFIELD	Zip 02917-		

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



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FILED

110607 DLLC12/5/0211:37:41 AM

File Date: DEC 17 2002

Check No. By: *DMF*

By: *MS*

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.

Michael C. Spaziano 12-12-02
Signature of Authorized Person Date

Michael C. Spaziano
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 110607

Annual Report for the year 2001

1. The name of the limited liability company is:

North End Equipment Delivery, LLC

2. The address of the principal office of the limited liability company is:

33 Cedar Swamp Road, Smithfield, RI 02917

3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island

4. The name and address of its resident agent is: James B. Taglione

33 Cedar Swamp Road, Smithfield, RI 02917

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 33 Cedar Swamp Road, Smithfield, RI 02917

James B. Taglione

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: Trucking Business

7. If the limited liability company has managers, list the name and address of each manager:

Name

Address

Michael C. Spaziano

33 Cedar Swamp Road, Smithfield, RI 02917

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.

Date: 9-16-01

North End Equipment Delivery, LLC

Exact Name of Limited Liability Company

FILED

OCT 04 2001

By Spaziano

By Michael C. Spaziano

Operating Manager

Title