



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

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 73009		2. Name of Corporation S N E EQUIPMENT CORP			
3. Street Address Principal Business Office 150 Higginson Avenue		City Lincoln	State RI	Zip 02865	
4. Business Phone No. (401) 723- 7100		5. State of Incorporation RHODE ISLAND			6. SIC Code 6638
7. Brief Description of the Character of Business Conducted in Rhode Island BUSINESS OF TRUCKING, EQUIPMENT RENTAL AND LEASING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mary Ann DiScuillo			Vice President Name		
Street Address 470 Pippin Orchard Road			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Carole Ann DiScuillo			Treasurer Name Joann Ciccarelli		
Street Address 470 Pippin Orchard Road			Street Address 141 Beechwood Avenue		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
9. 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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM NO PAR VALUE			100 shares	Common	no par

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



FILED	
File Date	MAR 14 2005
Check No.	By <u>[Signature]</u>
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 of Officer

Date

Joann Ciccarelli

Print or Type Name of Officer

Treasurer

Title of Officer



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

**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. <b>73009</b>		2. Name of Corporation <b>SNE EQUIPMENT CORP</b>			
3. Street Address Principal Business Office <b>150 Higginson Avenue</b>			City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
4. Business Phone No. <b>(401) 723-7100</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>6638</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>BUSINESS OF TRUCKING, EQUIPMENT RENTAL AND LEASING.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Mary Ann DiScuillo</b>			Vice President Name		
Street Address <b>470 Pippin Orchard Road</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City	State	Zip
Secretary Name <b>Carole Ann DiScuillo</b>			Treasurer Name <b>Joann Ciccarelli</b>		
Street Address <b>470 Pippin Orchard Road</b>			Street Address <b>141 Beechwood Avenue</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02921</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>None</b>			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
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	Class/Series	Par Value
<b>8,000 COMM NO PAR VALUE</b>			<b>100 shares</b>	<b>Common</b>	<b>No par</b>

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



\* 7 3 0 0 9 \*

File Date **3-8-04**  
Check No. **3325**  
By: **UP**

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.

**Joann Ciccarelli** 13-4-04  
Signature of Officer Date  
**Joann Ciccarelli**  
Print or Type Name of Officer  
**Treasurer**  
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. 73009  
2. Name of Corporation S N E EQUIPMENT CORP  
3. Street Address Principal Business Office  
150 Higginson Avenue  
4. Business Phone No. (401) 723-7100  
5. State of Incorporation RHODE ISLAND  
7. Brief Description of the Character of Business Conducted in Rhode Island

City Lincoln State RI Zip 02865  
6. SIC Code 6638

Trucking company

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

President Name  
Mary Ann DiScuillo  
Street Address  
470 Pippin Orchard Road  
City Cranston State RI Zip 02921

Vice President Name  
Street Address  
City Cranston State RI Zip 02921  
Treasurer Name  
Joann Ciccarelli  
Street Address  
141 Beechwood Avenue  
City Cranston State RI Zip 02921

Secretary Name  
Carole Ann DiScuillo  
Street Address  
470 Pippin Orchard Road  
City Cranston State RI Zip 02921

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

Director Name  
None  
Street Address  
City Cranston State RI Zip 02921  
Director Name  
Street Address  
City Cranston State RI Zip 02921

Director Name  
Street Address  
City Cranston State RI Zip 02921  
Director Name  
Street Address  
City Cranston State RI Zip 02921

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

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
8,000 COMM NO PAR VALUE

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
100 shares Common No par

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



\* 7 3 0 0 9 \*

File Date: 2/13/03  
Check No.: 2987  
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] 2-12-03  
Signature of Officer Date

Joann Ciccarelli  
Print or Type Name of Officer

Treasurer

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

73009

2. Name of Corporation

S N E EQUIPMENT CORP

3. Street Address Principal Business Office

84 GLEN ROAD

City

CRANSTON

State

RI

Zip

02910

4. Business Phone No.

(401) 781-2812

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6638

7. Brief Description of the Character of Business Conducted in Rhode Island

TRUCKING COMPANY

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

President Name

MARY ANN DISCUILLO

Vice President Name

Street Address

470 PIPPIN ORCHARD ROAD

Street Address

City

CRANSTON

State

RI

Zip

02921

City

State

Zip

Secretary Name

CAROLE ANN DISCUILLO

Treasurer Name

JOANN CICCARELLI

Street Address

470 PIPPIN ORCHARD ROAD

Street Address

141 BEECHWOOD AVENUE

City

CRANSTON

State

RI

Zip

02921

City

State

Zip

RI

02921

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

Director Name

NONE

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

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 SHARES

COMMON

NO PAR

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



\* 7 3 0 0 9 \*

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.

*Joann Ciccarelli*  
Signature of Officer

*11-28-02*  
Date

JOANN CICCARELLI

Print or Type Name of Officer

TREASURER

Title of Officer



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

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**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. **73009** 2. Name of Corporation **S N E EQUIPMENT CORP**

3. Street Address Principal Business Office

**84 Glen Road**

4. Business Phone No.

**(401) 781-2812**

5. State of Incorporation  
**RHODE ISLAND**

City

**Cranston**

State

**Rhode Island**

Zip

**02910**

6. SIC Code  
**6638**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Trucking company**

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

President Name

**Mary Ann Discuillo**

Street Address

**470 Pippin Orchard Road**

City

State

Zip

**Cranston Rhode Island 02921**

Secretary Name

**Carole Ann Discuillo**

Street Address

**470 Pippin Orchard Road**

City

State

Zip

**Cranston Rhode Island 02921**

Vice President Name

Street Address

City

State

Zip

Treasurer Name

**Joann Ciccarelli**

Street Address

**141 Beechwood Avenue**

City

State

Zip

**Cranston Rhode Island 02921**

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

Director Name

**None**

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**8,000 SHS COMM NO PAR VAL**

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**100 shares**

**Common**

**No par**

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



\* 7 3 0 0 9 \*

File Date: 3/5

Check No.: 2275

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.

Joann Ciccarelli 12-28-01  
Signature of Officer Date

**Joann Ciccarelli**

Print or Type Name of Officer

**Treasurer**

Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**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.

73009

2. Name of Corporation

S N E EQUIPMENT CORP

3. Street Address Principal Business Office

84 Glen Road

City

Cranston

State

RI

Zip

02910

4. Business Phone No.

401-781-2812

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6638

7. Brief Description of the Character of Business Conducted in Rhode Island

Trucking company

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Mary Ann Discuillo

Vice President Name

Street Address

470 Pippin Orchard Road

Street Address

City

Cranston

State

RI

Zip

02921

City

State

Zip

Secretary Name

Carole Ann Discuillo

Treasurer Name

Joann Ciccarelli

Street Address

470 Pippin Orchard Road

Street Address

141 Beechwood Avenue

City

Cranston

State

RI

Zip

02921

City

State

Zip

02921

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

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

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

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

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

8,000 SHS COMM NO PAR VAL

100 shares

Common

No par

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



\* 7 3 0 0 9 \*

File Date: 1-26-00

Check No.: 1956

By: AMF

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

Date

Joann Ciccarelli

Print or Type Name of Officer

Treasurer

Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



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. **73009** 2. Name of Corporation **SNE EQUIPMENT CORP.**  
3. Street Address Principal Business Office **84 GLEN ROAD** City **CRANSTON** State **RI** Zip **02910**  
4. Business Phone No. **401-781-2812** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6638**

7. Brief Description of the Character of Business Conducted in Rhode Island

**TRUCKING COMPANY**

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

President Name

**MARY ANN DISCUILLO**

Street Address

**470 PIPIN ORCHARD ROAD**

City **CRANSTON** State **RI** Zip **02921**

Secretary Name

**CAROLE ANN DISCUILLO**

Street Address

**470 PIPIN ORCHARD ROAD**

City **CRANSTON** State **RI** Zip **02921**

Vice President Name

Street Address

City State Zip

Treasurer Name

**JOANN CICCARELLI**

Street Address

**141 BEECHWOOD AVENUE**

City **CRANSTON** State **RI** Zip **02921**

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

Director Name

**NONE**

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**8,000 COMMON NO PAR**

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

**100 COMMON NO PAR**

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

PAID

File Date: JUN 04 1999

Check No.: SECY OF STATE

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.

Joann Ciccarelli 6-2-99  
Signature of Officer Date

**JOANN CICCARELLI**

Print or Type Name of Officer

**TREASURER**

Title of Officer



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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 73009 2. Name of Corporation S N E EQUIPMENT CORP  
3. Street Address Principal Business Office 84 Glen Road City Cranston State RI Zip 02910  
4. Business Phone No. 401 781 2812 5. State of Incorporation RHODE ISLAND 6. SIC Code 6638

7. Brief Description of the Character of Business Conducted in Rhode Island

Trucking Company

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

President Name

MARY ANN DISCUILLO

Vice President Name

Street Address

470 Pippin Orchard Road

Street Address

City Cranston State RI Zip 02921

City State Zip

Secretary Name

CAROLE ANN DISCUILLO

Treasurer Name

JOANN CICCARELLI

Street Address

470 Pippin Orchard Road

Street Address

141 Beechwood Avenue

City Cranston State RI Zip 02921

City State Zip Cranston RI 02921

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

Director Name

NONE

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

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	Common	No Par

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par

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

File Date: 3/2/98

Check No: 1588

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

Date

JOANN CICCARELLI

Treasurer





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

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **73009** 2. Name of Corporation **S N E EQUIPMENT CORP**

3. Street Address Principal Business Office **84 Glen Road** City **Cranston** State **RI** Zip **02910**  
4. Business Phone No. **401 781 2812** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6638**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Trucking Compa ny**

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

President Name	Vice President Name
<b>MARY ANN DISCUILLO</b>	
Street Address	Street Address
<b>470 Pippin Orchard Road</b>	
City State Zip	City State Zip
<b>Cranston RI 02921</b>	
Secretary Name	Treasurer Name
<b>CAROLE ANN DISCUILLO</b>	<b>JOANN DISCUILLO</b>
Street Address	Street Address
<b>470 Pippin Orchard Road</b>	<b>470 PIPPIN ORCHARD ROAD</b>
City State Zip	City State Zip
<b>Cranston RI 02921</b>	<b>CRANSTON RI 02921</b>

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

Director Name	Director Name
<b>NONE</b>	
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	ISSUED SHARES
Number of Shares	Number of Shares
Class/Series	Class/Series
Par Value	Par Value
<b>8,000 SHS COMM NO PAR VAL</b>	<b>100 COMMON NO PAR</b>

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



\* 7 3 0 0 9 \*

File Date: **2.28.97**  
Check No.: **1404**  
By: **ICP**  
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.

**Mary Ann Discuillo** **2-26-97**  
Signature of Officer Date  
**MARY ANN DISCUILLO**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



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

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 73009		2. NAME OF CORPORATION S N E EQUIPMENT CORP	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 84 Glen Road		CITY Cranston	STATE RI
		ZIP CODE 02920	
4. BUSINESS PHONE NO. 401-781-2812		5. STATE OF INCORPORATION RHODE ISLAND	
		6. SIC CODE 6638	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Trucking Company			

8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Mary Ann DiScuillo			VICE PRESIDENT NAME		
STREET ADDRESS 470 Pippin Orchard Road			STREET ADDRESS		
CITY Cranston	STATE RI	ZIP CODE 02921	CITY	STATE	ZIP CODE
SECRETARY NAME Carole Ann DiScuillo			TREASURER NAME Joann DiScuillo		
STREET ADDRESS 470 Pippin Orchard Road			STREET ADDRESS 470 Pippin Orchard Road		
CITY Cranston	STATE RI	ZIP CODE 02921	CITY Cranston	STATE RI	ZIP CODE 02921

9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
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
8,000 SHS COMM NO PAR VAL			100	Common	No Par Value

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.

File Date:

Check No:

By:

For Secretary of State Use Only

Signature of Officer

Mary Ann DiScuillo  
Print or Type Name of Officer

President

Title of Officer

Date

## State of Rhode Island and Providence Plantations



## Office of The Secretary of State

100 North Main Street

Providence, Rhode Island 02903-1335

401-277-3040

**ANNUAL REPORT**

Please Type or Print

File Annually -- Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

0073009

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

Name of Corporation: S N E EQUIPMENT CORPBusiness entity organized under the laws of the State of Rhode Island

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

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

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

84 Glen Road  
Cranston, RI 02920Phone: (401) 781-2812

Brief statement of the character of business conducted in Rhode Island:

Trucking Company**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

Mary Ann DiScuillo 470 Pippin Orchard Road, Cranston, RI 02921  
VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

Carole Ann DiScuillo 470 Pippin Orchard Road, Cranston, RI 02921  
TREASURER STREET ADDRESS CITY/STATE ZIP CODEJoann DiScuillo 470 Pippin Orchard Road, Cranston, RI 02921**THE NAMES OF THE DIRECTORS ARE:**

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares

Class / Series

8,000

Common No Par Value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares

Class / Series

100

Common No Par Value

Date January 25, 19 95By: Mary Ann DiScuilloMary Ann DiScuillo

PRINT OR TYPE NAME OF OFFICER SIGNING

President

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CHARLES F. SHEEHAN, JR.  
10 DORRANCE STREET  
PROVIDENCE RI 02903

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

Corporate ID: 0073009 Annual Report for the year: 1994  
S N E EQUIPMENT CORP

Name of Business Entity: \_\_\_\_\_

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number [REDACTED]

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

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

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

214 Marjoram Drive

Cranston, RI 02920

Phone: (401) 781-2812

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.

Mary Anne DiScuillo

SNE Equipment Corporation

P.O. Box 20181

Cranston, RI 02920

Brief statement of the character of business conducted in Rhode Island:

Trucking Company

Date of Organization: 6/24/93

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

☐ CHIEF EXECUTIVE OFFICER OR ☒ PRESIDENT (check One) STREET ADDRESS CITY/STATE ZIP CODE

Mary Ann DiScuillo 470 Pippin Orchard Road Cranston, RI 02921

☐ CHIEF OPERATING OFFICER OR ☐ VICE PRESIDENT (check One) STREET ADDRESS CITY/STATE ZIP CODE

☐ CUSTODIAN OF RECORDS OR ☒ SECRETARY (check One) STREET ADDRESS CITY/STATE ZIP CODE

Carole Ann DiScuillo 470 Pippin Orchard Road Cranston, RI 02921

☐ CHIEF FINANCIAL OFFICER OR ☒ TREASURER (check One) STREET ADDRESS CITY/STATE ZIP CODE

Joanne DiScuillo 470 Pippin Orchard Road Cranston, RI 02921

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 8,000

CLASS Common

SERIES -

PAR VALUE OR  
WITHOUT PAR No Par

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 100

CLASS Common

SERIES -

PAR VALUE OR  
WITHOUT PAR No Par

Date February 22 1994

By Mary Ann DiScuillo

Mary Ann DiScuillo  
PRINT OR TYPE NAME OF OFFICER SIGNING

President  
TITLE OF OFFICER SIGNING

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

CHARLES F. SHEEHAN, JR.  
10 DORRANCE STREET  
PROVIDENCE RI 02903

FILED

MAR 01 1994

By ME59 1045