

FOR SECRETARY OF STATE USE ONLY

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

2005 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1. Corporate ID No. 2. Name of Corporation 73009 **S N E EQUIPMENT CORP** 3. Street Address Principal Business Office State Lincoln 02865 150 Higginson Avenue RT 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 723 - 71006638 RHODE ISLAND 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)

FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Mary Ann DiScuillo Street Address 470 Pippin Orchard Road Zip Cranston 02921 Secretary Name Treasurer Name Joann Ciccarelli Carole Ann DiScuillo 470 Pippin Orchard Road 141 Beechwood Avenue Cranston Cranston RI 02921 RI 02921 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Sirect Address Street Address State Zip City State Director Name Director Name Street Address Street Address State Cur State 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 100 shares Common no par 8,000 COMM 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 sorrect. File Date MAR I 4 2005 Signaplire of Officer **Y**oann 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

Form 630 Rev. 12/03

401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ______ 2004

FRING PETION. JUNEARY 12. (FORM MUST BE TYPED OR PR		ng ree: \$50.00			
l-Caporale ID No	2 Name of Cooporation	и			
73009	S N E EQUIPME	NT CORP	,		
Street Address Principal Business 150 Higginson 1			Lincoln	State RI	^{Ζφ} 02865
Business Phone No.		5 State of Incorporation	on .		6 SIC Code
(401) 723-7100		RHODE ISLAN	D		6638
7 Brief Description of the Characte BUSINESS OF TRUCK!					
8. NAMES AND ADDRESSE			TTACHMENT) FILL IN S	PACES BEFORE USING	G ATTACHMENTS
President Name			Vice President Name		
Mary Ann DiScui	110			 	. <u>. </u>
Street Address 470 Pippin Orch	nard Road		Street Address		
_{Gur} Cranston	State RI	^{Zφ} 02921	Git _l :	State	Zip
Secretary Name		102321	Treasurer Name		
Carole Ann Disc	willo		Joann Ciccarel	.li	
Street Address			Street Address		·
470 Pippin Orch	ard Road		141 Beechwood	Avenue	
Car	State	Zip	City	State	Zip
Cranston D. NAMES AND ADDRESSE	RI	02921	Cranston	RI	02921
Onector Name None	5 OF THE DIRECTO	KS: (A BUX FUR)	Director Name	SPACES BEFORE USE	NG ATTACHMENTS
Street Address			Street Address		
Cuy	State	Zqp	Сиу	State	Zφ
Onector Name		J	Director Name		
			The Control of the Co		
Strea Address			Street Address		·
Otty	State	Zıp	City	State	Zip
		1.9	Seri .	Sixa	×φ
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED (* ISSUED SHARES	X" BOX FOR ATTACH	MENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Volue
8,000 COMM NO PAR VALL	JE		100 shares	Common	No par
This report must be	signed in ink by eitl	her the President, Vic	e President, Secretary, Assistan	t Secretary, Treasurer, 1	Receiver or Trustee
T (88M) (8	ISSS MULTINIA DEMINISTRA	1			
			Under penalty of perio	iry. I declare and affirm th	at I have examined this report
· · · · · · · · · · · · · · · · · · ·	7 0 0 0 ×	 - -1			ements, and that all statement
2 ¢	ΔŬ		contained herein are t	rue and correct.	Mr. 1-11 1
File Date	<u> </u>		Loan	Mari	LG 13-9-04
Check No 33) [)		Signature of Officer		Date /
1/10			Joann Cicc		
By:			Print or Type Name of	Officer	
FOR SECRETARY OF ST	TATE USE ONLY		Treasurer		
		1	Title of Officer		



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

STOP PLEASE READ INSTRUCTIONS

riiing veriou: januai	y 1-Mulch 1	Fitting Fee. \$30.00			INSTRUC
FORM MUST BE TYPED OR PRI	NTED IN BLACK)				
1. Corporate ID No.	2. Name of Corpora	tion			
73009	S N E EQUI	PMENT CORP			
3. Street Address Principal Busine	ss Office		City	State	ZIp
150 Higginson 4. Business Phone No.	Avenue	5. State of Incorporation	Lincoln	RI	02865 6. SIC Code
(401) 723–7100 7. Brief Description of the Charac		RHODE ISLAN	ND		6638
Trucking compa 8. NAMES AND ADDRE President Name		CERS (*x* box for att.	ACHMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	CHMENTS
Mary Ann DiScu Street Address	illo		Street Address		
470 Pippin Orc					
_{City} Cranston	State RI	zip 02921	City	State	Zip
	KI	02921	Treasurer Name		
Secretary Name				• • •	
Carole Ann DiS Street Address	cuillo		Joann Ciccare Street Address	elli	
470 Pippin Orc	hard Road State	Zip	141 Beechwood	l Avenue	Zip
Cranston	RI	02921	Cranston	RI	02921
9. NAMES AND ADDRE	SSES OF THE DIRE	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACI	ES BEFORE USING AT	
Director Name			Director Name		
None					
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		

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

AUTHORIZED SHARES

Street Address

City

Number of Shares

8,000 COMM NO PAR VALUE

Class/Series

State

Par Value

Zip

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

ESSUED SHARES

Street Address

City

Number of Shares

Class/Series

State

Par Value

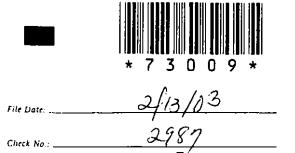
Zip

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



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 price and correct.

Signature of Officer

Joann Ciccarelli

Print or Type Name of Officer

Treasurer

Title of Officer

Form 630 12/02

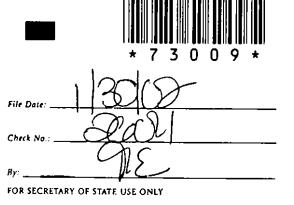
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INVERGETIONS

(FORM MUST BE TYPED IN BLA	.CK)				
I. Carporate ID No.	2. Name of Corpor	ation			—
73009	S N E EQUI	PMENT CORP			
3. Street Address Principal Business			City	State	Zip
84 GLEN ROAD 1. Business Phone No.		5. State of Incorporation	CRANSTON	RI	02910 6. SIC Code
(401) 781-2812		RHODE ISLAND			6638
. Brief Description of the Character		in Rhode Island			
TRUCKING COMPAN	· -				
B. NAMES AND ADDRES President Name		ICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES B Vice President Name	EFORE USING ATTAC	CHMENTS
MARY ANN DISCU	LLO				
treel Address 470 PIPPIN ORCH	IARD ROAD		Street Address		
Stry	State	Zip	City	State	Zip
CRANSTON	RI	02921		•	,
ecretary Name		. •	Treasurer Name		•
CAROLE ANN DISC	CUILLO		JOANN CICCAREL Street Address	LI	
470 PIPPIN ORCH	IARD ROAD		141 BEECHWOOD	AVENUE	
lity	State	Zip	City	State	Zip
CRANSTON	RI	02921	CRANSTON	RI	02921
. NAMES AND ADDRESS	SES OF THE DIR	ECTORS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACES Director Name	BEFORE USING ATTA	
NONE treet Address			Street Address		
ity	State	Zip	City	State	Zip
irector Name		•	Director Name		
reet Address			Street Address		
lty	State	Zip	City	State	Zip
O. SHARES AUTHORIZEI UTHORIZED SHARES) (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT)
umber of Shares	Class/Series	Far Value	Number of Shares	Class/Series	Par Value
8,000 COMM NO PAR VAI	.UE		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



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

Form 630 12/01

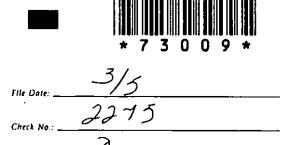
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

	,	 	250.00

73009 S N 3. Street Address Principal Business Office 84 Glen Road 4. Business Phone No. (401) 781-2812 7. Brief Description of the Character of Business Of The Character Name Name And Address Of The Character of Business Of The Character Of Th	HE OFFICERS (*X* BOX FOR A Dad Zip = Island 02921	LAND	State 	6. SIC Code 6638
73009 S N 3. Street Address Principal Business Office 84 Glen Road 4. Business Phone No. (401) 781-2812 7. Brief Description of the Character of Business Of The Character Name Name And Address Of The Character of Business Of The Character Of Th	S. State of Incorpor RHODE IS Conducted in Rhode Island HE OFFICERS ("X" BOX FOR A Zip E Island 02921	Cranston ation LAND ATTACHMENT) FILLIN SPACES Vice President Name Street Address City Treasurer Name Joann Ciccare	Rhode Isl BEFORE USING ATTAC	and 02910 6. SIC Code 6638 CHMENTS
84 Glen Road 6. Business Phone No. (401) 781-2812 7. Brief Description of the Character of Business Of Trucking company 8. NAMES AND ADDRESSES OF The President Name Mary Ann Discuillo Street Address 470 Pippin Orchard Roccity State Cranston Rhode Secretary Name Carole Ann Discuillo Street Address 470 Pippin Orchard Roccity State Carole Ann Discuillo Street Address 470 Pippin Orchard Roccity State	RHODE IS Conducted in Rhode Island HE OFFICERS ("X" BOX FOR A Dad Zip E Island 02921	Cranston ation LAND ATTACHMENT) FILLIN SPACES Vice President Name Street Address City Treasurer Name Joann Ciccare	Rhode Isl BEFORE USING ATTAC	and 02910 6. SIC Code 6638 CHMENTS
6. Business Phone No. (401) 781-2812 7. Brief Description of the Character of Business Of Trucking company 8. NAMES AND ADDRESSES OF The President Name Mary Ann Discuillo Street Address 470 Pippin Orchard Rockity State Cranston Rhode Secretary Name Carole Ann Discuillo Street Address 470 Pippin Orchard Rockity State Carole Ann Discuillo Street Address 470 Pippin Orchard Rockity State	RHODE IS Conducted in Rhode Island HE OFFICERS ("X" BOX FOR A Dad Zip E Island 02921	ation LAND ATTACHMENT) FILL IN SPACES Vice President Name Street Address City Treasurer Name JOANN CICCAR	BEFORE USING ATTAC	6. SIC Code 6638 CHMENTS
8. NAMES AND ADDRESSES OF THE President Name Mary Ann Discuillo Street Address 470 Pippin Orchard Rockity State Cranston Rhode Secretary Name Carole Ann Discuillo Street Address 470 Pippin Orchard Rockity State	oad ^{Zip} e Island 02921	Vice President Name Street Address City Treasurer Name Joann Ciccar	State 	
Street Address 470 Pippin Orchard Rocity State Cranston Rhode Secretary Name Carole Ann Discuillo Street Address 470 Pippin Orchard Rocity State	z _{lp} ⊇ Island 02921	City Treasurer Name Joann Ciccare	• •	Zip
City State Cranston Rhode Secretary Name Carole Ann Discuillo Street Address 470 Pippin Orchard Ro State	z _{lp} ⊇ Island 02921	Treasurer Name Joann Ciccare	• •	Zip
Cranston Rhode Secretary Narme Carole Ann Discuillo Street Address 470 Pippin Orchard Ro State	e Island 02921	Treasurer Name Joann Ciccare	• •	Zip
Geretary Name Carole Ann Discuillo Greet Address 470 Pippin Orchard Ro City State		Joann Ciccar	elli	
Greet Addréss 170 Pippin Orchard Ro City State			elli	
City State		Street Maaress		
	oad _{Zip}	141 Beechwood	d Avenue	Zip
9. NAMES AND ADDRESSES OF TI Director Name	de Island 02921 He Directors (*x* Box Foi	Cranston R ATTACHMENT) FILL IN SPACE Director Name	Rhode Isla es before using att	
ione liteet Address		Street Address		•
City State	Zip	City	State	Zip
Director Name		Director Name		
treet Address		Street Address		
City . State	Zip	; Clly	State	Zip
10. SHARES AUTHORIZED ("x" BOX	FOR ATTACHMENT)	11. SHARES ISSUED (*X* BOX FOR ATTACHMENT	T)
Number of Shares Class/Se	ries 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



FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that affistatements contained herein are trug and correct. Signiture of Officer doann Ciccarelli Print or Type Name of Officer

Under penalty of perjury, I declare and affirm that I have examined

Treasurer Title of Officer

Fam. 620 1200

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.

2. Name of Corporation

73	u	U	y
	•	v	

S N E EQUIPMENT CORP

3. Street Address Principal Business Office

84 Glen Road

5. State of Incorporation

Cranston

RT

State

02910

4. Business Phone No.

6. SIC Code

401-781-2812

RHODE ISLAND

6638

ŽIO

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

Vice President Name

Mary Ann Discuillo

Street Address

Street Address 470 Pippin Orchard Road

City

State

Zip

City

City

State

Zip

Cranston

RI

RI

02921

Treasurer Name

Carole Ann Discuillo

Street Address

Secretary Name

Joann Ciccarelli

Street Address 141 Beechwood Avenue

470 Pippin Orchard Road

Cranston

Zip

02921

City Cranston

ŔΙ

02921

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

None:

Street Address

Director Name

Street Address

State

Zip

City

State

Director Name

ZIP

Director Name

Street Address

Street Address

City

City

Zip

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

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





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.

GM/K Aghature of Officer

Joann Ciccarelli

Print or Type Name of Officer Treasurer

Title of Officer





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

STOP PH ASE BY AD INSTRUCTIONS

y 1-march 1 •	_			INSTRUC
- •			•	
SNE EQU	IPMENT CORP.			
		City	State	Zip
		CRANSTON	RI	02910
	5. State of incorporation			6. SIC Code
	RHODE I	SLAND		6638
er of Business Conducted in PANY	Rhode Island			
SSES OF THE OFFIC	CERS ("X" BOX FOR ATTA	CHMENT) Vice President Name		
CUILLO		•		
		Street Address		
CHARD ROAD				
State	ZIp	City	State	Zip
RI	02921			
••		Treasurer Name	• • •	•
DISCUILLO		JOANN CICCAR	RELLT	
•		Street Address		
CHARD ROAD		141 BEECHWOO	D AVENUE	
State	Zip	City		Zip
RI	02921	CRANSTON		02921
		TACHMENT)	N.T.	, 02321
		Director Name		•
		Street Address		
				· i
State	Zip	City	State	►Zip :
	•	Director Name		=
		Street Address		٠ ٢
State	Zip	City	State	Zip
D ("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMENT)	
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	SNE EQUI	SNE EQUIPMENT CORP. SNE EQUIPMENT CORP. Solitive S. State of incorporation RHODE IS The of Business Conducted in Rhode Island PANY SSES OF THE OFFICERS ("X" BOX FOR ATTA CUILLO CHARD ROAD State Zip RI 02921 DISCUILLO CHARD ROAD State Zip RI 02921 SSES OF THE DIRECTORS ("X" BOX FOR ATTA State Zip State Zip State Zip State Zip State Zip State Zip	2. Name of Corporation SNE EQUIPMENT CORP. SO Office City CRANSTON 5. State of Incorporation RHODE ISLAND er of Business Conducted in Rhode Island PANY SSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name CUILLO Street Address CHARD ROAD State Zip City RI 02921 Teasurer Name DISCUILLO Street Address CHARD ROAD State Zip City RI 02921 CRANSTON SSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Street Address State Zip City RI 02921 CRANSTON SSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Street Address State Zip City Director Name Street Address	2. Name of Corporation SNE EQUIPMENT CORP. State Office CRANSTON RI 5. State of Incorporation RHODE ISLAND From Summer Summers Conducted in Rhode Island PANY SSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) Vice President Name CUILLO Street Address CHARD ROAD State RI 02921 Treasurer Name DISCUILLO Street Address CHARD ROAD State Zip City State City State City State RI 02921 CRANSTON RI SSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name State State Zip City State City State City State Director Name Street Address State Zip City State

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

File Date:	JUN 0 4 1999	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, a that all statements contained herein are true and correct. Signature of Officer Date	nd —
Bv:	SEC'Y OF STATE	JOANN CICCARELLI Print or Type Name of Officer	_
FOR SECRETARY	OF STATE USE ONLY	TREASURER Title of Officer	_



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 B	LACK)				
1. Corporale ID No. 73009	2. Name of Corp S N		IR P		
3. Street Address Principal Busin	ss Office		City	State	Zip
84 Glen Road			Cranston	RI	02910
4. Business Phone No. 401 781 2812		5. State of Incorporation RHODE ISL			6. SIC Code 6638
7. Brief Description of the Charo Trucking Com		ted in Rhode Island			
8. NAMES AND ADDR	ESSES OF THE O	FFICERS ("X" BOX FOR ATT	ACHMENT)		•
President Name MARY ANN DIS	CUILLO		Vice President Name		•
Street Address			Street Address		
470 Pippin O	rchard Roa	a d			
Clty	State	Zip	Ciry	State	Zip
Cranston	RI	02921			
Secretary Name CAROLE ANN D	ISCUILLO		Treasurer Name JOANN CICCA	RELLI	•
Street Address			. Street Address		
470 Pippin O	rchard Roa	ad	141 Beechwo	od Avenue	
City	State	Zip	City	State	Zip
Cranston	RI	02921	Cranston	RI	02921
9. NAMES AND ADDR Director Name NONE	ESSES OF THE D	IRECTORS ("X" BOX FOR A	ATTACHMENT) 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 AUTHORI.			SSUFED STAFFS	("X" BOX FOR ATTACHMEN	T) Par Value
Number of Shares	Class/Series	Par Value	Number of Shares	Ciass/Series	F07 +41WE
8,000	Common	No Par	100	Common	No Par

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
41.10	that all statements convened herein are true and correct.
File Date: 3998	(Laure (12 12 1 2 - 11 - 08
\rangle \tau \chi \chi \chi \chi \chi \chi \chi \chi	The way of the
Check No.: 500	Symature of Officer Date
AA A	// JOANN CICAPRILI
(',\)	Print or Type Name of Officer
Ву:	Tile 20, 20,6 M
FOR SECRETARY OF STATE USE ONLY	HEBUNER
	Title of Officer



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.

2. Name of Corporation

73009

Number of Shares

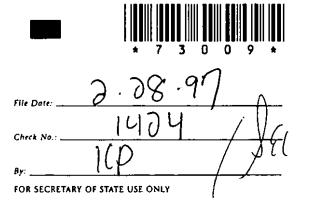
S N E EQUIPMENT CORP

3. Street Address Principal Business Office		City	State	Zip
84 Glen Road « Business Phone No.	S. State of incorporation	Cranston	RI	02910 6. SIC Code
4017812812 7. Brief Description of the Character of Business Conducted in Rho	RHODE ISLANI de Island	D		6638
Trucking Compa ny 8. NAMES AND ADDRESSES OF THE OFFICER	S ("X" BOX FOR ATTACHM			
President Name		Vice President Name		
MARY ANN DISCUILLO Street Address	•	Street Address		
470 Pippin Orchard Road	Zip	City	State	Zip
Cranston RI Secretary Name	02921	Treasurer Name	•	
CAROLE ANN DISCUILLO		JOANN DISCU	ILLO	
470 Pippin Orchard Road	Zip	470 PIPPIN	ORCHARD ROAD	Zip
Cranston RI	02921	CRANSTON	RI	02921
9. NAMES AND ADDRESSES OF THE DIRECT	ORS ("X" BOX FOR ATTAC	HMENT)		
Director Name		Director Name		
NONE Street Address		Street Address		٠
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" E	OX FOR ATTACHMENT)			•
AUTHORIZED SHARFS		ESCUED SHARES		

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

Number of Shares

100



8,000 SHS COMM NO PAR VAL

Class/Series

Par Value

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.

Class/Series

COMMON

Par Value

NO PAR

Mary ann	Disculto	2-26.97
Signature of Officer	< ^	Date
MARY HAN	DiSCULL	'. A

Print or Type Name 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

CORPORATE ID NO.	2. NAME OF CORPORATION	PCEASE TIPE UN	PRINT IN BLACK INK.				
73009		FOULDWEND GODD					
73009 S N E EQUIPMENT CORP			Ιάπ ν	COTY STATE ZIP CODE			
84 Glen Road			Cranston	RI	02920		
BUSINESS PHONE NO.		5. STATE OF INCORPORATION			6. SIC CODE		
401-781-2812 RHODE IS		6638					
BROWN DESCRIPTION OF THE OWNACTER OF B Trucking Compa	··· • •	E ISLAND		T. 100 LEE 100			
	8 . N A	MES AND ADD	ESSES OF THE O	FFICERS			
espent NAME Mary Ann DiScu	illo		WICE PRESIDENT NAME				
REET ADDRESS		 	STREET ADDRESS	STREET ADDRESS			
470 Pippin Orc	hard Road		i				
Cranston	STATE	27° CODE 02921	an	STATE	ZIP CODE		
CRETARY NAME			TREASURER HAME				
Carole Ann Dis	cuillo		Joann DiSc	uillo			
470 Pippin Orchard Road			470 Pippin Orchard Road				
Y	STATE	ZIP CODE	ij	STATE	į		
Cranston	J RI	02921 .mes and addr	Cranston	RI	02921		
RECTOR NAME			DIRECTOR HAME		_		
REET ADDRESS			STREET ADDRESS				
			•				
Υ	STATE	ZIP COOK	αιν	STATE	ZIP CODE		
RECTOR HAME			DIRECTOR NAME				
- #			* 				
REET ADORESS			STREET ADDRESS				
¥	STATE	ZIP CODE	άπν	STATE	ZIP CODE		
	10. S	HARES AUTHOR	IZED AND ISSUE	n			
AUTHORIZED SHARES			ISSUED SHARES				
NUMBER OF SHARES	CLASS / SERVES	PAR VALUE	MAIN BER OF SHARES	CLASS / SERIES	PAR VALUE		
8,000 SHS COMM NO PAR VAL			100	Common	No Par Value		
			9	1	ſ		

For Secretary of State Use Only

File Date:

Check No:

Ву:

Print or Type Name of Officer

President
Title of Officer

Mary Ann DiScuillo

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 Corporate ID:	A	Annual Report for the year:		
Name of Corporation: 5 N E EQUIPME		•	•	
Business entity organized under the laws of the State of Rhode For foreign entity, address and telephone number of principal office.	ce:	Business Entity is (check one): [X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)		
Phone: ()			f the character of business co _Company	
Address and telephone of the principal office of business entity in Island (Provide street address - Not P.O. Box): _8.4_Glen_Road				
_Cranston,_RI02920		· · · · · · · · · · · · · · · · · · ·		
Phone: (401) 781 = 2812				
THEN	NAMES OF THE	E OFFICERS AR	E:	
PRESIDENT	STREET ADDRE	ESS	CITY/STATE	ZIP CODE
Mary Ann Discuillo 470 P	Pippin Orc	hard Road.	Cranston, RI	02921 ZIP CODE
SECRETARY	STREET ADDRE	ss	CITY/STATE	ZIP CODE
Carole Ann DiScuillo 470 P	Pippin Orc	hard Road,	Cranston, RI	0292]
Joann DiScuillo 470 P	oippin Orc		Cranston, RI	02921
NAME	STREET ADDRE	SS	CFFY/STATE	ZIP CODE
NAME	STREET ADDRE	285	CITY/STATE	ZIP CODE
NAME	STREET ADDRE	ess — —	CITY/STATE	ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	. :	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)		
Number of Shares Class / Series		Number of Shares	(Class / Series)	
8,000 Common No Par	Value	100	Common	No Par Value
Date / January 25, 19 95	By: Mary	Mary an	in Distauill	, O
Form 31 1/95	PRINT OR TYPE PLES TITLE OF OFFICE	NAME OF OFFICER SIGNE LOCAL TER SIGNING	NG	
DESIGNATED REGIS	STERED AGEN	T FOR SERVICE	E OF PROCESS:	

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

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

Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE or PRINT

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

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

0073009	1994					
Corporate ID:	Annual Report for the year:					
Name of Business Entity:	5 N E EQUIPMENT CORP					
Business entity organized under the laws of the State of Rhode I: Federal Taxpayer Identification Number	Business Entity is (check one). (x) Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)					
For foreign entity, address and telephone number of principal office:						
	Mary Anne DiScuillo					
	SNE Equipment Corporation					
Phone ()	P.O. Box 20181					
Address and telephone of the principal office of business entity in Rhode Island (Provide succt address - Not P.O. Box):						
214 Marjoram Drive	Brief statement of the character of business conducted in Rhode Island: Trucking Company					
	Date of Organization: 6/24/93					
Phone: (401)781-2812	Date of Qualification to do business in Rhode Island (if foreign entity)					
CHILE SALECTINE OFFICER OR THE PRESCRENT (Creat Dag)	ES OF THE OFFICERS ARE: STREET ADDRESS CITYSTATE ZECOL					
Mary Ann Discuillo 470 Pippin	Orchard Road Cranston, RI 02921 STREET ADDRESS CITYSTATE 2PCO					
CUSTODIAN OF RECORDS OR A SELECTARY (Cords One)	STREET ADDRESS CHYSTATE Z:PCOL					
-	Orchard Road Cranston, RI 02921					
Joanne Discuillo 470 Pippin THE NAME	S OF THE DIRECTORS ARE:					
NAME	STREET ADDRESS CITYSTATE 2:P(Y)					
NAME	STREET ADDRESS CITYOTATE ZIPCO					
NAME	STREET ADDRESS CITY/STATE ZIPCO					
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)					
NUMBER 8,000	NUMBER 100					
CLASS Common	CLASS Common					
SERIES _	SERIES _					
PAR VALUE OR WITHOUT PAR NO Par	PAR VALUE OR WITHOUT PAR NO Par					
Date February 22 . 19:94	By Mary Ann Disquille					
-	Mary Ann Discuillo					
	President					
7om 31 - 1 9 4						

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

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

MAR 0 1 1994

By M659 1045