



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. 123610		2. Name of Corporation Rhode Island Trucking Association Insurance Group, Inc.			
3. Street Address Principal Business Office 660 ROOSEVELT AVE			City PAWUCKET	State RI	Zip 02860
4. Business Phone No. 401-729-5210		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island TO SOLICIT, BROKER, PRODUCE AND OBTAIN LIFE AND HEALTH INSURANCE AND/OR PROPERTY AND CASUALTY INSURANCE FOR MEMBERS OF THE RHODE ISLAND TRUCKING ASSOCIATION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN L ATWOOD			Vice President Name PAUL T KENNEDY		
Street Address 660 ROOSEVELT AVE			Street Address 660 ROOSEVELT AVE		
City PAWUCKET	State RI	Zip 02860	City PAWUCKET	State RI	Zip 02860
Secretary Name ROBERT CALISE			Treasurer Name JOHN L ATWOOD		
Street Address 1350 DIVISION ST SUITE 301			Street Address 660 ROOSEVELT AVE		
City EAST GREENWICH	State RI	Zip 02893	City PAWUCKET	State RI	Zip 02860
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"/>			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
1,000 NO PAR VALUE			0		

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



File Date 10/3/05
Check No. 1008
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] 9/30/05
Signature of Officer Date
JOHN L ATWOOD
Print or Type Name of Officer
President / CEO
Title of Officer



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1. Corporate ID No. 123610		2. Name of Corporation Rhode Island Trucking Association Insurance Group, Inc.			
3. Street Address Principal Business Office 660 ROOSEVELT AVENUE			City PAWTUCKET	State RI	Zip 02860
4. Business Phone No. (401) 729-5210		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island TO SOLICIT, BROKER, PRODUCE AND OBTAIN LIFE AND HEALTH INSURANCE AND/OR PROPERTY AND CASUALTY INSURANCE FOR MEMBERS OF THE RHODE ISLAND TRUCKING ASSOCIATION					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOHN L. ATWOOD			Vice President Name PAUL T. KENNEDY		
Street Address 660 ROOSEVELT AVENUE			Street Address 660 ROOSEVELT AVENUE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860
Secretary Name ROBERT CALISE			Treasurer Name JOHN J. ATWOOD		
Street Address 1350 DIVISION STREET SUITE 301			Street Address 660 ROOSEVELT AVENUE		
City EAST GREENWICH	State RI	Zip 02893	City PAWTUCKET	State RI	Zip 02860
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"/>			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
1,000 NO PAR VALUE		0			NO VALUE

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



* 1 2 3 6 1 0 *

File Date 9/2/04
Check No. 1003
By: DA
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.

John L. Atwood 8/31/04
Signature of Officer Date
JOHN L. ATWOOD
Print or Type Name of Officer
PRESIDENT
Title of Officer



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1. Corporate ID No. 123610
2. Name of Corporation Rhode Island Trucking Association Insurance Group, Inc.
3. Street Address Principal Business Office 660 ROOSEVELT AVENUE City PAWTUCKET State RI Zip 02860
4. Business Phone No. 401-729-5210
5. State of Incorporation RHODE ISLAND
6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
PROVIDE VARIOUS INSURANCE COVERAGES TO MEMBERS

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

President Name JOHN L ATWOOD Street Address 660 ROOSEVELT AVENUE City PAWTUCKET State RI Zip 02860	Vice President Name PAUL T KENNEDY Street Address 660 ROOSEVELT AVENUE City PAWTUCKET State RI Zip 02860
Secretary Name ROBERT CALISE Street Address 875 CENTERVILLE ROAD City WARWICK State RI Zip 02886	Treasurer Name JOHN L ATWOOD Street Address 660 ROOSEVELT AVENUE City PAWTUCKET State RI Zip 02860

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

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

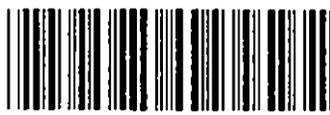
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
1,000 NO PAR VALUE		NONE

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

ISSUED SHARES	Class/Series	Par Value
		NO VALUE

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



* 1 2 3 6 1 0 *

File Date: 9.29.03

Check No.: 1001

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] 9/12/03
Signature of Officer Date

JOHN L ATWOOD
Print or Type Name of Officer

PRESIDENT / TREASURER
Title of Officer