

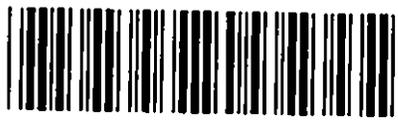


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

1. Corporate ID No. 117511		2. Name of Corporation SEC Trucking, Co.		
3. Street Address Principal Business Office 759 WOODWARD RD		City N. PROVIDENCE	State R.I.	Zip 02904
4. Business Phone No. 401-722-5058		5. State of Incorporation RHODE ISLAND		6. SIC Code 6638
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE A TRUCKING, HAULING AND DELIVERY SERVICE FOR VARIOUS ITEMS				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name STEVEN E. CINQUEGRANA		Vice President Name NONE		
Street Address 759 WOODWARD RD		Street Address		
City N. PROVIDENCE	State RI	Zip 02904	City	State
Secretary Name NONE		Treasurer Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
Director Name NONE		Director Name NONE		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
8,000 NO PAR VALUE			100	N/A
				NO

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



File Date: 1/31/05
Check No.: 266
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.

Signature of Officer: S.E. Cinquegrana Date: 1/21/05
Print or Type Name of Officer: S.E. CINQUEGRANA
Title of Officer: PRESIDENT



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. 117511		2. Name of Corporation SEC Trucking, Co.			
3. Street Address Principal Business Office 759 WOODWARD RD			City N. PROVIDENCE	State RI	Zip 02904
4. Business Phone No. 401-722-5058		5. State of Incorporation RHODE ISLAND		6. SIC Code 6638	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE A TRUCKING, HAULING AND DELIVERY SERVICE FOR VARIOUS ITEMS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEVEN E. CINQUEGRANA			Vice President Name NONE		
Street Address 759 WOODWARD RD			Street Address		
City N. PROV	State RI	Zip 02904	City	State	Zip
Secretary Name STEVEN E. CINQUEGRANA			Treasurer Name STEVEN E CINQUEGRANA		
Street Address 759 WOODWARD RD			Street Address 759 WOODWARD RD		
City N. PROV	State RI	Zip 02904	City N. PROV	State RI	Zip 02904
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
8,000 NO PAR VALUE			100	N/A	NO

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



* 1 1 7 5 1 1 *

File Date 2/6/04
Check No. 819
By: SC
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] 2/1/04
Print or Type Name of Officer STEVEN E CINQUEGRANA
Title of Officer PRESIDENT



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. **117511** 2. Name of Corporation **SEC TRUCKING, Co.**
 3. Street Address Principal Business Office **759 WOODWARD RD** City **NORTH PROVIDENCE** State **RI** Zip **02904**
 4. Business Phone No. **722-5058** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6638**

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE A TRUCKING, HAULING AND DELIVERY SERVICE FOR VARIOUS ITEMS.

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

President Name STEVEN E CINQUEGRANA	Vice President Name NONE
Street Address 759 WOODWARD RD	Street Address NONE
City N. PROVIDENCE State RI Zip 02904	City NONE State NONE Zip NONE
Secretary Name NONE	Treasurer Name NONE
Street Address NONE	Street Address NONE
City NONE State NONE Zip NONE	City NONE State NONE Zip NONE

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

Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City NONE State NONE Zip NONE	City NONE State NONE Zip NONE
Director Name NONE	Director Name NONE
Street Address NONE	Street Address NONE
City NONE State NONE Zip NONE	City NONE State NONE Zip NONE

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

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

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

ISSUED SHARES
 Number of Shares **NONE** Class/Series Par Value

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

FILED

File Date: **FEB 12 2003**
 Check No.: **BY COMA-313107**
 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 **STEVEN E CINQUEGRANA** Date **2/10/03**
 Print or Type Name of Officer
PRESIDENT
 Title of Officer



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. *117511*		2. Name of Corporation SEC Trucking, Co.	
3. Street Address Principal Business Office 759 Woodward Road		City North Providence	State RI
4. Business Phone No. (401) 722-5088		5. State of Incorporation RHODE ISLAND	6. SIC Code 02904

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE A TRUCKING, HAULING AND DELIVERY SERVICE FOR VARIOUS ITEMS

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

President Name Steven E. Cinquegrana			Vice President Name		
Street Address 759 Woodward Road			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Steven E. Cinquegrana			Treasurer Name Steven E. Cinquegrana		
Street Address 759 Woodward Road			Street Address 759 Woodward Road		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) 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) **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	NO PAR VALUE		100	N/A	No

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



117511 DB 09/12/02 12:21 PM

FILED

File Date SEP 12 2002

Check No. _____

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 11-12-02

Print or Type Name of Officer _____

Title of Officer _____