

Matthew A. Brown, Secretary of State Corporations Devision 148 W. River St Providence, III 02964-2615 401-222 3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR \_\_\_\_\_\_ 2005

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

enting Fertons failures of Financial Following for Following or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c)d) is subject to a penalty fee of \$25.00.

1 Gaponie iD No. 90817	2 Name of Corps. Lily Transpo			<del>-</del>	
5 Street Saldress Permand Business Office 145 Rosemary Street			Car Needham	Saire MA	24: 02194
4 Business Phone No. 781-449-8811	,	5 State of Incorporate Massachusetts	धम		
6 Burf les option of the O  To carry on as lesson 7 NAMES AND ADDR Franklant Name	r in general business o	of renting and leasing at	tomotive vehicles, motor t	rucks, tractors, trailers, e Spaces beforesusing	ic.
John Simourian II					25
Since Address 145 Rosemary Street	1		Street Address		297 AF
City Needham	State MA	Zφ 02194	Cin	State	# 5000 BEC
Secretary Name Noel G. Posternak			Invisites Name Michele Simourian		<b> </b>
sircer tildiess c/o Posternak Blanks	stein & Lund LLP, 80	0 Boylston Street	Street Address 145 Rosemary Street	t	<b>75</b> 75 00
City Boston	MA	<sub>Хър</sub> 02199	Cur Needham	State MA	<sup>2</sup> π2π □1 02494
(2) (2) (3) (4) (4) (4) (4) (4) (4)	RESSES OF THE DIRE	CTORS: ("X" BOX FOR	ATTACHMENTO FILBI	N SPACESSBEFORE USIN	G ATTACHMENTS
Ducctor Name John A. Simourian			John Simourian II		
Street Address			Street Address 145 Rosemary Stree	t	SE C
145 Rosemary Street	State	7.tp	: Caty	State	Z19-23 Ti
Needham	MA	02194	Needham	МΛ	02794
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1,000	Common	No Par	400	Common	No Par
5,000	Preferred	No Par	5,000	Preferred	No Par
This report must be ex	xecuted on behalf of th	ne corporation by an auth	orized representative. If the	corporation is in the hand	is of a receiver or trustee.

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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	7	1600

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 being anyticut and correct.

the state of the s

Signature! /JAMES & WOODS

PrinYor Type Name

ASSISTANT SCENETARY

Title

Form 630 Rev. 12/05



# 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 - M (FORM MUST BE TYPED OR PRIN		Ung Fee: \$50.00			
1. Corporate ID No.	2. Name of Corporat	ion			
90817	Lily Transport	ation Corp.			
3 Sireet Address Principal Business ( 145 Rosemary Stre	~		City Needham	State MA	71p 02494
1. Business Phone No.	:eL	5. State of Incorporatio			6. SIC Code
781-449-8811		MASSACHUSET			8888
7. Brief Description of the Chamiter TO CARRY ON AS LESS		in Rhode Island	IG ANDLEASING AUTOMOT	IVE VEHICLES.	
8. NAMES AND ADDRESSES	OF THE OFFICE	RS: ("X" BOX FOR AT	TACHMENT)   FILL II	N SPACES BEFORE USIN	NG ATTACHMENTS
President Name			Vice President Name		
John Simourian Il	[ - <del>-</del>	· · · · · · · · · · · · · · · · · · ·			
Street Address 2 Partridge Hill	Rd.		Sircet Address		
City	State	Zip	City	State	Zip
Dover	MA	02030		I	
Secretary Name Noel G. Posternal	τ.		Treasurer Name Michele Simo	urian	
			: Street Address	AT TOIL	
Sirci Addres C/o Posternak, BJ 100 Charles River	lankstein & I Plaza	Lund	210 Dedham S	Street	
City	State	Zίρ	City	State	Zip
Boston	MA		Dover	MA	02030
. NAMES AND ADDRESSES	OF THE DIRECT	ORS: ("X" BOX FOR	_ · ·	IN SPACES BEFORE US	SING ATTACHMENTS
Director Name	_		Director Name		
John A. Simouriar	1		Street Address		
210 Dedham Street	_				
City	State	Zip	City	State	Zip
Dover	MA	02030			
Director Name Michele Simouriar	1		Director Name		
Street Address 210 Dedham Street	<del></del>		Street Address		
City	State	Zip	City	State	Zip
Dover	MA	02030			
10. SHARES AUTHORIZED	("X" BOX FOR A	TTACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTAC	HMENT)
AUTHORIZED SHARES			ISSUED SHARES		<del> ,</del>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6,000 NO PAR VALUE			5400		no par value
This report must be	signed in ink hy a	ither the President Vic	e President, Secretary, Assi	stant Secretary Treasure	r. Receiver or Trustee
This report must be	signed in link by c	ittler the President, vie	e riesident, becietary, Assi	Stant Secretary, Treasure	i, Receiver of Trustee
<u> </u>	Tank <b>dinem</b> a d <b>e</b> dini dindi dinema	Ifi		//	
				//	
			Under-penalty of	perjury, I declare and affirm	that I have examined this repo
* 9	0817	<u>.                                    </u>	including any acc	ompanying schedules and s	tatements, and that all stateme
المامال			confainchtherein	are flue and correct.	<u> </u>
File Date 2 19109		_		gungling	1-20-07
20460	7		Signature of Office	r 1	Date
Check No 23 107	1	-	John A. S	Simourian	
Ву:		_ [	Priju or Type Nam	e of Officer	
EOD CECOTTA DE CE	LATE LICE ONE Y	_	Chairman	& CEO	
FOR SECRETARY OF ST	ATE USE ONLY		Tifle of Officer		

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

#### 2003 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: Janua	ry 1-March 1 •	Filing Fee: \$50.00			PLEASE READ- INSTRUCTIONS
(FORM MUST BE TYPED OR PRI	•				
1. Corparate ID No.	2. Name of Corpora				
90817		ortation Corp.			
3. Street Address Principal Busine			City	State	Zip
145 Rosemary S	St.		Needham	MA	02494
4. Business Phone No.		5. State of Incorporation			6. SIC Code
781-449-8811	oran of Bustones Conducted	MASSACHUSI	=115		8888
7. Brief Description of the Charac			4.		
		contract carri			
8. NAMES AND ADDRI	F22F2 OF THE OFF	ICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACI  Vice President Name	ES BEFORE USING ATTA	CHMENTS
John Simourian			Aire Mesibent lanue		
Street Address	1 11		Street Address		
2 Partridge Hi	11 Ra		Siriet Names		
City	State	Zip	City	State	Zip
Dover	MA	02030	/	2	,
Secretary Name		02030	Treasurer Name		•
Noel G. Poster	nak	•	Michele Simo	urian	
Street Address			Street Address	ourian	
c/o Posternak, 100 Charles Ri	Blankstein &	Lund	210 Dedham S	ir.	
City	State :	Zip	City	State	7.1p
Boston	MA		Dover	MA	02030
9. NAMES AND ADDRE	ESSES OF THE DIR	ECTORS (*X* BOX FOR A	TTACHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
Director Name			Director Name		
John A. Simour	ian				
Street Address			Street Address		
210 Dedham St					
City	State	Zip	City	State	Zip
Dover	MA	02030			• •
Director Name			Director Name		
Michele Simour	ian				
Street Address			Street Address		
210 Dedham St.					
City	State	Zip	City	State	Zip
Dover	MA	02030			
10. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT)		) ("X" BOX FOR ATTACHME	T)
AUTHORIZED SHARES	Streets to	D - 1/ 1 -	ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6,000 NO PAR VALUE			5400		no par value
					no par value
		•	•		•
This report must be sig	ned in ink by eith	ner the President, Vic	e President, Secretary, A	ssistant Secretary, Trea	surer, Receiver or Trustee
1 100		l 1851		•	
} <b>       </b>				1	

	* 9 0 8 1 7 *
File Date:	4.2.03
 Check No.:	347630
Ву:	ILP
FOR SECRETARY	Y OF STATE USE ONLY

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Under penalty of perjury, I reclare and this report, including any recompanyl	
that all strictle or contained herein a	
Il I dime	nor
Signature of Officer	Date
John A. Simourian	
Print or Type Name of Officer	
Chairman & CEO	
Title of Officer	Fern 630 12/02

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

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

90817	Lily Transport	ation Corp.			
3. Street Address Principal Business O 145 Rosemary St		·	City Needham	State MA	zip 02494
4. Business Phone No. 781-449-8811		5. State of Incorporation MASSACHUSET	TS		6. SIC Cade 8888
7. Brief Description of the Character of	f Business Conducted in R	Rhode Island			
truck leasing a 8. NAMES AND ADDRESS President Name John Simourian	ES OF THE OFFIC	contract carria ERS (*X* BOX FOR ATTAC	- · · · · · · · · · · · · · · · · · · ·	BEFORE USING ATTACHM	ENTS
Street Address			Street Address		
2 Partridge Hil					
City	State	Zip	City	State	Zip
Dover Secretary Name	MA	02030	Treasurer Name		• •
John A. Simouri	an		Michele Simous Street Address 210 Dedham St		
210 Dedham St.	_	_		•	
Dover	State MA	02030	Dover	State MA	7.1p 02030
9. NAMES AND ADDRESSE  Director Name	ES OF THE DIREC	TORS ("X" BOX FOR ATTA	ICHMENT) FILL IN SPACE Director Name	S BEFORE USING ATTACH	MENTS
John A. Simouria	an		Street Address		
210 Dedham St.					
City	State	Zip	City	State	Zip
Dover Director Name	MA	02030	Director Name		
Michele Simouria	an		Street Address		
210 Dedham St.			W		
City	State	Zip	City	State	710
Dover	MA	02030	<b>,</b>	31016	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES			11. SHARES ISSUED (*	X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
5,000	preferrab	NO	5,000	PAtferaco	NO
	COMMON	410	400	COKHON	410
*1	COMMON	110	(0-	COMMON	, (0

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FOR SECRETARY OF	STATE USE ONLY

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ignatur (s	Allines	II, Presi	De		
	Name of Offic		dent & C	.0.0.	



Carparations Division 100 North Main Street, Providence, RI 02903-133: 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009 Filing Period: January 1-March 1 • Filing Fee: \$50.00

FORM MUST BE TYPED IN					
Corporate Iti No	2 Name of Corporation				
90817	Lily Transpo	ortation Corp.			
Street Address Principal Busi	ness Office		City	State	Zip
145 Rosemary	Street		Needham	MA	02194
. Business Phone No.	•	5. State of Incorporation			6. SIC Code
		Massachu	setts		
Reset Description of the Char leasing automot	acter of Business Conducted in Rho	delstand To carry tor trucks, tr	on as lessor in g actors, trailers,	eneral business of and any appurtena	renting an nt equipmen
<u>an annaratus i</u>	<u>ised in motor trai</u>	nsport		BEFORE USING ATTACHM	
Sees dent Name			Vice President		
John Simouria	an				
itrect Address			Street Address	<del></del>	
145 Rosemary St	treet		!		
in	Mate	Zip	City	State	Lip
Needham	MA	02194			
Secretary Name	·	<del></del>	Treosurer Name	. <del>i</del>	
Noel G. Posteri	nak		Michele Simour	ian	
treet Address Clo Post	ternak, Blankstei	n & Lund, LLP	Street Address		
100 Charles Riv		. a mand ma	145 Rosemary S	treet	
City	State	Zip	City	State	Zip
Boston	MA	02114	Needham	MA	02194
Boston 9 NAMES AND ADD	I	02114	Needham		
9. NAMES AND ADD	I	02114		MA CES BEFORE USING ATTACI	
9. NAMES AND ADD	RESSES OF THE DIRECT	02114	Director Name	CES BEFORE USING ATTACI	
9. NAMES AND ADD  Overector Name  John A. Simour	RESSES OF THE DIRECT	02114	TACHMENT DFILL IN SPACE	CES BEFORE USING ATTACI	
9. NAMES AND ADD Overetor Name  John A. Simour Street Address	ian	02114	DICHMENT DILL IN SPACE Director Name Michele Simon Street Address	CES BEFORE USING ATTACI	
9. NAMES AND ADD Overctor Name  John A. Simour Street Address  145 Rosemary	ian	02114	Duector Name  Michele Simo	CES BEFORE USING ATTACI	
9. NAMES AND ADD Overctor Name  John A. Simour Street Address  145 Rosemary S	ian Street	ORS ("X" BOX FOR AT	Director Name  Michele Simo  Street Address  145 Rosemary  City	ourian Street State	Zip
9. NAMES AND ADD  Ourector Name  John A. Simour  Street Address  145 Rosemary S  City  Needham	RESSES OF THE DIRECT	O2114 ORS ("X" BOX FOR AT	DIRECTOR Name  Michele Simo  Street Address  145 Rosemary	ces before USING ATTACI ourian Street	HMENTS
9. NAMES AND ADD  Ourector Name  John A. Simour  Street Address  145 Rosemary S  City  Needham	ian Street	ORS ("X" BOX FOR AT	Director Name  Michele Simo Street Address  145 Rosemary  City  Needham	ourian Street State	Zip
9. NAMES AND ADD Overctor Name  John A. Simour Street Address  145 Rosemary City  Needham Director Name	ian Street	ORS ("X" BOX FOR AT	Director Name  Michele Simo Street Address  145 Rosemary  City  Needham	ourian Street State	Zip
9. NAMES AND ADD Overector Name  John A. Simour Street Address  145 Rosemary City  Needham Director Name	ian Street	ORS ("X" BOX FOR AT	Director Name  Michele Simo Street Address  145 Rosemary City  Needham  Director Name	ourian Street State	Zip
9. NAMES AND ADD Overctor Name  John A. Simour Street Address  145 Rosemary City  Needham Director Name  Street Address	ian Street	02114 ORS (*X* BOX FOR AT	Director Name  Michele Simo Street Address  145 Rosemary City  Needham  Director Name	ourian Street State	Zip
9. NAMES AND ADD Overctor Name  John A. Simour Street Address  145 Rosemary City  Needham Director Name  Street Address	ian Street State MA	ORS ("X" BOX FOR AT	Director Name  Michele Simo Street Address  145 Rosemary  City  Needham  Director Name	Street State MA	Zip 02194
9. NAMES AND ADD  Outector Name  John A. Simour  Street Address  145 Rosemary  City  Needham  Director Name  Street Address	ian Street State	02114 ORS ("X" BOX FOR AT	TACHMENT DILLINSPACE Director Name  Michele Simon Street Address  145 Rosemary City  Needham  Director Name  Street Address  City	Street State MA	Zip 02194
9. NAMES AND ADD  Overctor Name  John A. Simour  Street Address  145 Rosemary  Needham  Director Name  Street Address  City  10. SHARES AUTHOR	ian Street State MA	02114 ORS ("X" BOX FOR AT	Director Name  Michele Simo Street Address  145 Rosemary City  Needham  Director Name  Street Address  City  11. SHARES ISSUED	Street State MA	Zip 02194
9. NAMES AND ADD Overctor Name  John A. Simour Street Address  145 Rosemary  City  Needham  Director Name  Street Address  City  10. SHARES AUTHOR AUTHORIZED SHARES	Street State MA  State  State  MA  State	02114   ORS (*X* BOX FOR AT	DIRECTOR Name  Michele Simo Street Address  145 Rosemary City Needham  Director Name  Street Address  City  11. SHARES ISSUED  ISSUED SHARES	Street  State  MA  State  ('X' BOX FOR ATTACHMENT)	Zip 02194
9. NAMES AND ADD Overector Name  John A. Simour Street Address  145 Rosemary City  Needham Director Name Street Address  City  10. SHARES AUTHOR	ian Street State	02114 ORS ("X" BOX FOR AT	Director Name  Michele Simo Street Address  145 Rosemary City  Needham  Director Name  Street Address  City  11. SHARES ISSUED	Street State MA	Zip   02194
9. NAMES AND ADD Overetor Name  John A. Simour Street Address  145 Rosemary City  Needham Director Name  Street Address  City  10. SHARES AUTHOR AUTHORIZED SHARES Number of Shares	Street State MA  State  State  MA  State	02114   ORS (*X* BOX FOR AT	DIRECTOR Name  Michele Simo Street Address  145 Rosemary City Needham  Director Name  Street Address  City  11. SHARES ISSUED  ISSUED SHARES	Street  State  MA  State  ('X' BOX FOR ATTACHMENT)	Zip   02194
9. NAMES AND ADD Overctor Name  John A. Simour Street Address  145 Rosemary City Needham Director Name Street Address  City  10. SHARES AUTHOR AUTHORIZED SHARES	Street State MA  State Class/Scries	O2114   ORS (*X* BOX FOR AT   Zip   O2194   Zip   MENT)	DIRECTOR Name  Michele Simo Street Address  145 Rosemary City Needham Director Name  Street Address  City  11. SHARES ISSUED ISSUED SHARES Number of Shures	Street  State  MA  State  (*X* BOX FOR ATTACHMENT)	Zip O2194  Zip Par Value
9. NAMES AND ADD Overctor Name  John A. Simour Street Address  145 Rosemary City  Needham Director Name  Street Address  City  10. SHARES AUTHOR AUTHORIZED SHARES Number of Shares	Street State MA  State Class/Scries	O2114   ORS (*X* BOX FOR AT   Zip   O2194   Zip   MENT)	DIRECTOR Name  Michele Simo Street Address  145 Rosemary City Needham Director Name  Street Address  City  11. SHARES ISSUED ISSUED SHARES Number of Shures	Street  State  MA  State  (*X* BOX FOR ATTACHMENT)	Zip O2194  Zip Par Value

File Date:	9-14-01	12. 11. 10
Check No	904332/	
By:	AMF	1

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

Noel G. Posternak

Print or Type Name of Officer

Clerk Title of Officer



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

	401-222-3040
00	STOP PULLS BLAD INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 200 Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 90817 Lily Transportation Corp. 3. Street Address Principal Business Office City State 02494 MA Needham 145 Rosemary Street 4. Business Phone No. 5. State of incorporation 6. SIC Code MASSACHUSETTS (781) 449-8811 7. Brief Description of the Character of Business Conducted in Rhode Island To cleasing automotive vehicles, motor trucks, and apparatus used in motor support. lessor in general business of renting and trailers, and any appurtenant equipment carry on as 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Michael O'Donnell John Simourian II Street Address Street Address 145 Rosemary Street 210 Dedham Street City State Zip City 02494 MA 02030 Needham MA .Dover. Secretary Name Treasurer Name Michele Simourian Noel G. Posternak Street Address Street Address 210 Dedham Street 100 Charles River Plaza State City State 02030 MA 02114 Dover MA Boston 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name MIchele Simourian John A. Simourian Street Address Street Address 210 Dedham Street 210 Dedham STreet CITY 02030 Dover MA 02030 MΛ Dover Director Name Director Name Street Address Street Address City State 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 No Par Common 6,000 SHS NO PAR VALUE 400

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

5000

	* 9 0 8 1 7 *
File Date:	4/11/00
Check No.:	291027
By:	2.
FOR SECRETARY	OF STATE USE ONLY

1 122112 12111 02101 12121 11211 1021 1021

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.

Preferred

No Par

ichael O'Donnell Print or Type Name of Officer

<u>Assistant Clerk</u> Title of Officer

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 **\_1999**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

90817
3. Street Address Principal Business Office
145 Rosemary Stree
4. Business Phone No.
(7810) 449-8811
7. Brief Description of the Character of Bu
Rent/lease automobile

Lily Transportation Corp.

City

State

Z.ip

emary Street

5. State of Incorporation

MA

02194

**MASSACHUSETTS** 

6. SIC Code 0000

of the Character of Business Conducted in Rhode Island

automobiles and trucks

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

John Simourian II

Street Address

Street Address

Needham

c/o Lily Trasnportation Corp. 145 Rosemary Street

Needham

Secretary Name

02194

Treasurer Name

Noel G. Posternak Siree AddressC/o Posternak, Blankstein & Lund, LLP

100 Charles River Plaza, Boston, MA 02114

Boston

<sup>Zip</sup> 02114

Michele Simourian

Street Address C/o Lily Transportation Corp.

145 Rosemary Street, Needham, MA 02194

02194 Needham

State

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

Director Name

John A. Simourian

Sueet Address c/o Lily Transportation Corp.

145 Rosemary Street

Needham

02194

Street Address

Street Address

Director Name Director Name

Michele Simourian

Sueet Address c/o Lily Transportation Corp.

145 Rosemary Street

Needham

City

02194 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES Number of Shares

City

Class/Series

Car Value

ISSUED SHARES

Number of Shares

Class/Series

Par Value

6,000 SHS NO PAR VALUE

400

Common

No Par

5000

Preferred

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

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 all statements contained herein are true and correct.

<u>June 9.</u>

Noel G. Posternak Print or Type Name of Officer

Clerk

Title of Officer



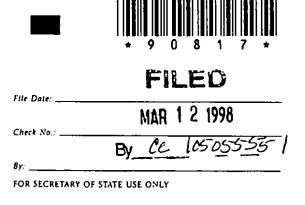


(FORM MUST BE TYPED IN BLACK)

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

2. Name of Corpora Lily Transp	ortation Corp.			
Office		City	State	Zip
t	5. State of Incorporation	Needham	MA	02194 6. SIC Code
		•		
Vehicles, m in motor tr	n Rhode Island 10 Carr otor trucks, tr ansport.	y on as lessor in g actors, trailers,	eneral business of and any appurtenan	renting and . t equipment
ES OF THE OFF	ICERS ("X" BOX FOR ATT	ACHMENT)		
		Vice President Name	_	
•		Vernon F. She	rman, Br.	
		Street Address		
		145 Rosemary	Street	
State	Zip	City	State	Zip
MA	02030	Needham	MA	02194
	•	Treasurer Name	• •	•
		Michele Simou	rian	
		Street Address		
Plaza		210 Dedham St	reet	
State	Zip	City	State	Zip
MA	02114	Dover	, MA	02030
ES OF THE DIR	ECTORS (*X* BOX FOR A	TTACHMENT) Director Name		
		Michele Simou Street Address	rian	
		210 Dedham St	reet	
State	Zip	City	State	Zip
MA	02030	Dover	MA	02030
		Director Name		72050
		ì	None	•
		Street Address		
State	Zip	City	State	Zip
(*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	
Class/Series	Par Value	Number of Shares	Class/Series	Par Value
ALUE		400	Common	No Par Value
1	State  State  MA  State  MA	State Zip MA 02030  State Zip MA 02030  State Zip MA 02030  State Zip MA 02030  State Zip MA 02030	Llly Transportation Corp.  Iffice City  Needham  MASSACHUSETTS  If Massac (Incorporation of the Massachusetts)  If Massachusetts on Massachusetts  If Massac	City State  Needham MA  S. Signer Street Meedham MA  MASSACHUSETTS  (Ruthurs Conducted in Rhode Island To carry on as lessor in general business of vin motor trucks, tractors, trailers, and any appurtenant in motor transport.  ES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  Street Address  145 Rosemary Street  City State  219 City State  MA 02030 Needham MA  Treasurer Name Michele Simourian  Street Address  210 Dedham Street  State Zip City State  ES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  Director Name Michele Simourian  Street Address  210 Dedham Street  City State  MA 02114 Dover MA  ES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  Director Name Michele Simourian  Street Address  210 Dedham Street  City State  MA 02030 Dover MA  Director Name None  Street Address  State Zip City State  None  Street Address  State Zip City State



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

Noel G. Posternak

Print or Type Name of Officer

Clerk Title of Officer

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

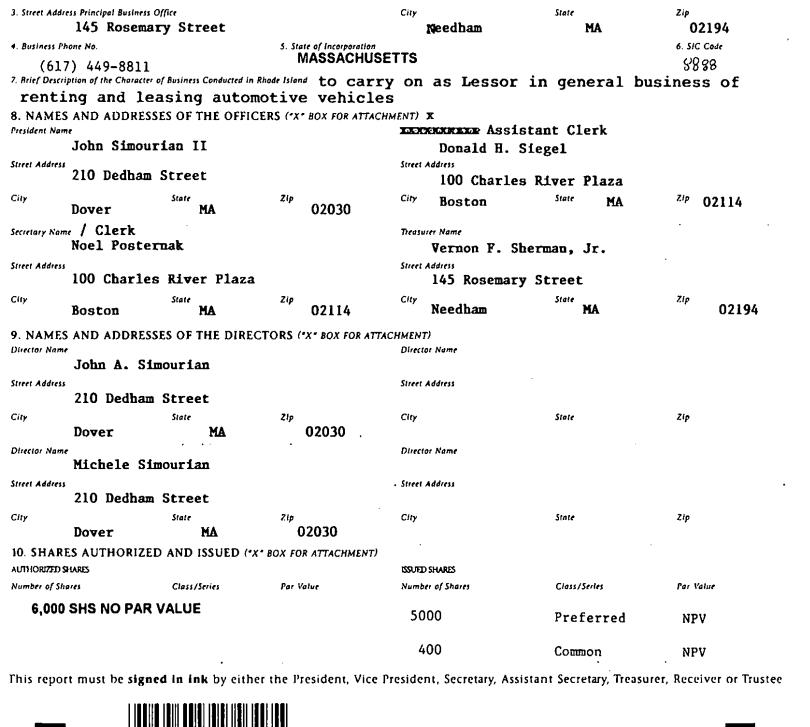
#### PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90817

2. Name of Corporation Lily Transportation Corp.



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.

4/4/97

Date

Donald H. Siegel

Print or Type Name of Officer

Assistant Clerk

Title of Officer

Signature of Diffice

### Officers of Lily Transportation Corp.

#### Assistant Clerk

Vernon F. Sherman, Jr. 145 Rosemary Street Needham, Massachusetts 02194

#### Chief Executive Officer

John A. Simourian 210 Dedham Street Dover, Massachusetts 02030