



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

Matthew A. Brown, Secretary of State
Corporations Division
145 W. River St
Providence, RI 02901-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing 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. Corporate ID No. 90817		2. Name of Corporation Lily Transportation Corp.			
3. Street Address: Principal Business Office 145 Rosemary Street			City Needham	State MA	Zip 02194
4. Business Phone No. 781-449-8811		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island To carry on as lessor in general business of renting and leasing automotive vehicles, motor trucks, tractors, trailers, etc.					
7. NAMES AND ADDRESSES OF THE OFFICERS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name John Simourian II			Vice President Name		
Street Address 145 Rosemary Street			Street Address		
City Needham	State MA	Zip 02194	City	State	Zip
Secretary Name Noel G. Posternak			Treasurer Name Michele Simourian		
Street Address c/o Posternak Blankstein & Lund LLP, 800 Boylston Street			Street Address 145 Rosemary Street		
City Boston	State MA	Zip 02199	City Needham	State MA	Zip 02194
8. NAMES AND ADDRESSES OF THE DIRECTORS: (X) BOX FOR ATTACHMENT <input type="checkbox"/> FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name John A. Simourian			Director Name John Simourian II		
Street Address 145 Rosemary Street			Street Address 145 Rosemary Street		
City Needham	State MA	Zip 02194	City Needham	State MA	Zip 02194
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: (X) BOX FOR ATTACHMENT <input type="checkbox"/> 10. 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	Common	No Par	400	Common	No Par
5,000	Preferred	No Par	5,000	Preferred	No Par

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.

FILED
APR 18 2006
By: [Signature]
FOR SECRETARY'S 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.

X: [Signature] 3/30/06
Signature Date

JAMES G WOODS
Print or Type Name

ASSISTANT SECRETARY
Title



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. 90817		2. Name of Corporation Lily Transportation Corp.			
3. Street Address Principal Business Office 145 Rosemary Street			City Needham	State MA	Zip 02494
4. Business Phone No. 781-449-8811		5. State of Incorporation MASSACHUSETTS			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island TO CARRY ON AS LESSOR THE GENERAL BUSINESS OF RENTING AND LEASING AUTOMOTIVE VEHICLES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Simourian II			Vice President Name		
Street Address 2 Partridge Hill Rd.			Street Address		
City Dover	State MA	Zip 02030	City	State	Zip
Secretary Name Noel G. Posternak			Treasurer Name Michele Simourian		
Street Address c/o Posternak, Blankstein & Lund 100 Charles River Plaza			Street Address 210 Dedham Street		
City Boston	State MA	Zip	City Dover	State MA	Zip 02030
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John A. Simourian			Director Name		
Street Address 210 Dedham Street			Street Address		
City Dover	State MA	Zip 02030	City	State	Zip
Director Name Michele Simourian			Director Name		
Street Address 210 Dedham Street			Street Address		
City Dover	State MA	Zip 02030	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
6,000 NO PAR VALUE			5400		no par value

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



* 9 0 8 1 7 *

File Date 2/19/04
Check No. 354697
By: is

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

John A. Simourian

Print or Type Name of Officer

Chairman & CEO

Title of Officer

Date

1-20-04



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.

90817

2. Name of Corporation

Lily Transportation Corp.

3. Street Address Principal Business Office

145 Rosemary St.

City

Needham

State

MA

Zip

02494

4. Business Phone No.

781-449-8811

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

8888

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

truck leasing and dedicated contract carriage (logistics)

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

President Name

John Simourian II

Vice President Name

Street Address

2 Partridge Hill Rd.

Street Address

City

Dover

State

MA

Zip

02030

City

State

Zip

Secretary Name

Noel G. Posternak

Treasurer Name

Michele Simourian

Street Address

c/o Posternak, Blankstein & Lund
100 Charles River Plaza.

Street Address

210 Dedham St.

City

Boston

State

MA

Zip

City

Dover

State

MA

Zip

02030

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

Director Name

John A. Simourian

Director Name

Street Address

210 Dedham St

Street Address

City

Dover

State

MA

Zip

02030

City

State

Zip

Director Name

Michele Simourian

Director Name

Street Address

210 Dedham St.

Street Address

City

Dover

State

MA

Zip

02030

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

6,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

5400

no par value

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



* 9 0 8 1 7 *

File Date: 4.2.03

Check No.: 342630

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.

Signature of Officer

Date

John A. Simourian

Print or Type Name of Officer

Chairman & CEO

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. 90817 2. Name of Corporation Lily Transportation Corp.

3. Street Address Principal Business Office 145 Rosemary Street City Needham State MA Zip 02494

4. Business Phone No. 781-449-8811 5. State of Incorporation MASSACHUSETTS 6. SIC Code 8888

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

truck leasing and dedicated contract carriage (logistics)

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

President Name	Vice President Name
<u>John Simourian II</u>	
Street Address	Street Address
<u>2 Partridge Hill R.</u>	
City	City
<u>Dover</u>	
State	State
<u>MA</u>	
Zip	Zip
<u>02030</u>	
Secretary Name	Treasurer Name
<u>John A. Simourian</u>	<u>Michele Simourian</u>
Street Address	Street Address
<u>210 Dedham St.</u>	<u>210 Dedham St.</u>
City	City
<u>Dover</u>	<u>Dover</u>
State	State
<u>MA</u>	<u>MA</u>
Zip	Zip
<u>02030</u>	<u>02030</u>

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

Director Name	Director Name
<u>John A. Simourian</u>	
Street Address	Street Address
<u>210 Dedham St.</u>	
City	City
<u>Dover</u>	
State	State
<u>MA</u>	
Zip	Zip
<u>02030</u>	
Director Name	Director Name
<u>Michele Simourian</u>	
Street Address	Street Address
<u>210 Dedham St.</u>	
City	City
<u>Dover</u>	
State	State
<u>MA</u>	
Zip	Zip
<u>02030</u>	

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>5,000</u>	<u>PREFERRED</u>	<u>NO</u>
<u>1,000</u>	<u>COMMON</u>	<u>\$.10</u>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>5,000</u>	<u>PREFERRED</u>	<u>NO</u>
<u>400</u>	<u>COMMON</u>	<u>\$.10</u>

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



* 9 0 8 1 7 *

File Date: 4.30.02

Check No.: 325 772

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 4/30/02

John Simourian II, President & C.O.O.

Print or Type Name of Officer

Title of Officer



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

Corporations Division
100 North Main Street, Providence, RI 02903-1331
401-222-3041



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 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.			
3. Street Address Principal Business Office 145 Rosemary Street			City Needham	State MA	Zip 02194
4. Business Phone No.		5. State of Incorporation Massachusetts		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island To carry on as lessor in general business of renting and leasing automotive vehicles, motor trucks, tractors, trailers, and any appurtenant equipment and apparatus used in motor transport.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John Simourian			Vice President		
Street Address 145 Rosemary Street			Street Address		
City Needham	State MA	Zip 02194	City	State	Zip
Secretary Name Noel G. Posternak			Treasurer Name Michele Simourian		
Street Address c/o Posternak, Blankstein & Lund, LLP 100 Charles River Plaz			Street Address 145 Rosemary Street		
City Boston	State MA	Zip 02114	City Needham	State MA	Zip 02194
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name John A. Simourian			Director Name Michele Simourian		
Street Address 145 Rosemary Street			Street Address 145 Rosemary Street		
City Needham	State MA	Zip 02194	City Needham	State MA	Zip 02194
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	Common	No Par	400	Common	No Par
5,000	Preferred	No Par	5,000	Preferred	No Par

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

File Date: 9-14-01
Check No. 9043321
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 **Noel G. Posternak** Date **9/10/01**

Print or Type Name of Officer
Noel G. Posternak

Clerk
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.

2. Name of Corporation

90817

Lily Transportation Corp.

3. Street Address Principal Business Office

City

State

Zip

145 Rosemary Street

Needham

MA

02494

4. Business Phone No.

5. State of Incorporation

6. SIC Code

(781) 449-8811

MASSACHUSETTS

7. Brief Description of the Character of Business Conducted in Rhode Island To carry on as lessor in general business of renting and leasing automotive vehicles, motor trucks, tractors, trailers, and any appurtenant equipment and apparatus used in motor support.

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

President Name

Vice President Name

John Simourian II

Michael O'Donnell

Street Address

Street Address

210 Dedham Street

145 Rosemary Street

City

State

Zip

City

State

Zip

Dover

MA

02030

Needham

MA

02494

Secretary Name

Treasurer Name

Noel G. Posternak

Michele Simourian

Street Address

Street Address

100 Charles River Plaza

210 Dedham Street

City

State

Zip

City

State

Zip

Boston

MA

02114

Dover

MA

02030

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

Director Name

Director Name

John A. Simourian

Michele Simourian

Street Address

Street Address

210 Dedham Street

210 Dedham Street

City

State

Zip

City

State

Zip

Dover

MA

02030

Dover

MA

02030

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

6,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

400

Common

No Par

5000

Preferred

No Par

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



* 9 0 8 1 7 *

4/11/00

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.

Signature of Officer _____ Date 4/11/00

Michael O'Donnell
Print or Type Name of Officer

Assistant Clerk
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 1999

Filing Period: January 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.

3. Street Address Principal Business Office

145 Rosemary Street

City

Needham

State

MA

Zip

02194

4. Business Phone No.

(7810) 449-8811

5. State of Incorporation

MASSACHUSETTS

6. SIC Code

0000

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

Rent/lease 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

Vice President Name

Street Address

c/o Lily Transportation Corp. 145 Rosemary Street

Street Address

City

Needham

State

MA

Zip

02194

City

State

Zip

Secretary Name

Noel G. Posternak

Treasurer Name

Michele Simourian

Street Address c/o Posternak, Blankstein & Lund, LLP

100 Charles River Plaza, Boston, MA 02114

Street Address c/o Lily Transportation Corp.

145 Rosemary Street, Needham, MA 02194

City

Boston

State

MA

Zip

02114

City

Needham

State

MA

Zip

02194

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

Director Name

John A. Simourian

Director Name

Street Address c/o Lily Transportation Corp.

145 Rosemary Street

Street Address

City

Needham

State

MA

Zip

02194

City

State

Zip

Director Name

Michele Simourian

Director Name

Street Address c/o Lily Transportation Corp.

145 Rosemary Street

Street Address

City

Needham

State

MA

Zip

02194

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

6,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

400

Common

No Par

5000

Preferred

No Par

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



* 9 0 8 1 7 *

File Date: 6-18-99

Check No.: 9728

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.

June 9, 1999
Signature of Officer Date

Noel G. Posternak
Print or Type Name of Officer

Clerk

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. **90817** 2. Name of Corporation **Lily Transportation Corp.**

3. Street Address Principal Business Office

145 Rosemary Street

4. Business Phone No.

(617) 449-8811

5. State of Incorporation
MASSACHUSETTS

City

Needham

State

MA

Zip

02194

6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island To carry on as lessor in general business of renting and leasing automotive vehicles, motor trucks, tractors, trailers, and any appurtenant equipment and apparatus used in motor transport.

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

President Name

John Simourian II

Street Address

210 Dedham Street

City

Dover

State

MA

Zip

02030

Secretary Name

Noel G. Posternak

Street Address

100 Charles River Plaza

City

Boston

State

MA

Zip

02114

Vice President Name

Vernon F. Sherman, Jr.

Street Address

145 Rosemary Street

City

Needham

State

MA

Zip

02194

Treasurer Name

Michele Simourian

Street Address

210 Dedham Street

City

Dover

State

MA

Zip

02030

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

Director Name

John A. Simourian

Street Address

210 Dedham Street

City

Dover

State

MA

Zip

02030

Director Name

None

Street Address

Director Name

Michele Simourian

Street Address

210 Dedham Street

City

Dover

State

MA

Zip

02030

Director Name

None

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

6,000 SHS NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

400

Common

No Par Value

5000

Preferred

No Par Value

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



* 9 0 8 1 7 *

FILED

File Date: **MAR 12 1998**

Check No.: **By CE 105055551**

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.

Noel G. Posternak 3/10/98
Signature of Officer Date

Noel G. Posternak
Print or Type Name of Officer

Clerk
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 1997

Filing Period: January 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.**

3. Street Address Principal Business Office **145 Rosemary Street** City **Needham** State **MA** Zip **02194**

4. Business Phone No. **(617) 449-8811** 5. State of Incorporation **MASSACHUSETTS** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island **to carry on as Lessor in general business of renting and leasing automotive vehicles**

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

President Name **John Simourian II** Assistant Clerk **Donald H. Siegel**
Street Address **210 Dedham Street** Street Address **100 Charles River Plaza**
City **Dover** State **MA** Zip **02030** City **Boston** State **MA** Zip **02114**
Secretary Name / Clerk **Noel Posternak** Treasurer Name **Vernon F. Sherman, Jr.**
Street Address **100 Charles River Plaza** Street Address **145 Rosemary Street**
City **Boston** State **MA** Zip **02114** City **Needham** State **MA** Zip **02194**

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

Director Name **John A. Simourian** Director Name
Street Address **210 Dedham Street** Street Address
City **Dover** State **MA** Zip **02030** City State Zip
Director Name **Michele Simourian** Director Name
Street Address **210 Dedham Street** Street Address
City **Dover** State **MA** Zip **02030** City State Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6,000 SHS NO PAR VALUE			5000	Preferred	NPV
			400	Common	NPV

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



* 9 0 8 1 7 *

File Date: **4/16/97**

Check No.: **105633254**

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 **4/4/97**

Print or Type Name of Officer **Donald H. Siegel**

Title of Officer **Assistant Clerk**

Corporate ID No. # 90817

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