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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*			
61117	OnSite Truck Repair Inc.			
3. Street Address Principal Business Office		*City*	*State*	*Zip*
65 PERRY STREET		CENTRAL FALLS	RI	02863
4. Business Phone No.	*5. State of Incorporation*			*6. SIC Code*
401-722-3160	RHODE ISLAND			8953

7. Brief Description of the Character of Business Conducted in Rhode Island
GENERAL TRUCK REPAIR/ROAD SERVICE/MACHINE SHOP

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

President Name			*Vice President Name*		
RONALD CHAMPIGNY			RONALD CHAMPIGNY		
Street Address			*Street Address*		
20 MARIA STREET			20 MARIA STREET		
City	*State*	*Zip*	*City*	*State*	*Zip*
LINCOLN	RI	02865	LINCOLN	RI	02865
Secretary Name			*Treasurer Name*		
DARLENE CHAMPIGNY			DARLENE CHAMPIGNY		
Street Address			*Street Address*		
20 MARIA STREET			20 MARIA STREET		
City	*State*	*Zip*	*City*	*State*	*Zip*
LINCOLN	RI	02865	LINCOLN	RI	02865

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

Director Name			*Director Name*		
NONE					
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*
100 NO PAR VALUE			2	COMMON STOCK	NO PAR VALUE

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

[redacted] [redacted]

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.

Ronald Champigny — 2/10/05
Signature of Officer — *Date*

RONALD CHAMPIGNY
Print or Type Name of Officer

PRES/VICE PRES
Title of Officer

File Date 2-11-05
Check No. 10929
By: a

FOR SECRETARY OF STATE USE ONLY

[redacted]

Form 630 Rev. 12/03

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	2. Name of Corporation			
61117	OnSite Truck Repair Inc.			
3. Street Address Principal Business Office		City	State	Zip
65 PERRY STREET		CENTRAL FALLS	RI	02863
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401-722-3160	RHODE ISLAND			8953

7. Brief Description of the Character of Business Conducted in Rhode Island
GENERAL TRUCK REPAIR/ROAD SERVICE/MACHINE SHOP

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

President Name			Vice President Name		
RONALD CHAMPIGNY			RONALD CHAMPIGNY		
Street Address			Street Address		
20 MARIA STREET			20 MARIA STREET		
City	State	Zip	City	State	Zip
LINCOLN	RI	02865	LINCOLN	RI	02865
Secretary Name			**Treasurer Name**		
DARLENE CHAMPIGNY			DARLENE CHAMPIGNY		
Street Address			Street Address		
20 MARIA STREET			20 MARIA STREET		
City	State	Zip	City	State	Zip
LINCOLN	RI	02864	LINCOLN	RI	02865

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

Director Name			Director Name		
NONE					
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*
100 NO PAR VALUE			2	COMMON STOCK	NO PAR VALUE

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

[redacted]

611117

File Date 3.1.04

Check No. 10118

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Ronald Champigny 2/26/04
Signature of Officer *Date*

RONALD CHAMPIGNY
Print or Type Name of Officer

[redacted]

PRES/VICE PRES
Title of Officer

Form 630 Rev. 12/03

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 61117
2. Name of Corporation: OnSite Truck Repair Inc.
3. Street Address Principal Business Office: 65 PERRY STREET — City: CENTRAL FALLS — State: RHODE ISLAND — Zip: 02863
4. Business Phone No.: 401-722-3160
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 8953
7. Brief Description of the Character of Business Conducted in Rhode Island: GENERAL TRUCK REPAIR

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

President Name: RONALD CHAMPIGNY
Street Address: 20 MARIA STREET
City: LINCOLN — State: RHODE ISLAND — Zip: 02865

Vice President Name: RONALD CHAMPIGNY
Street Address: 20 MARIA STREET
City: LINCOLN — State: RHODE ISLAND — Zip: 02865

Secretary Name: DARLENE CHAMPIGNY
Street Address: 20 MARIA STREET
City: LINCOLN — State: RHODE ISLAND — Zip: 02865

Treasurer Name: DARLENE CHAMPIGNY
Street Address: 20 MARIA STREET
City: LINCOLN — State: RHODE ISLAND — Zip: 02865

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

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

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

Number of Shares	Class/Series	Par Value
100 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
2	COMMON STOCK	NO PAR VALUE

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

[redacted] *61117*

File Date: 2/10/03
Check No.: 9252
By: SM

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Ronald Champigny 2-6-03
Signature of Officer *Date*

RONALD CHAMPIGNY
Print or Type Name of Officer

PRESIDENT/VICE PRESIDENT
Title of Officer

Form 630 12/02

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 61117

2. Name of Corporation OnSite Truck Repair Inc.

3. Street Address Principal Business Office 65 PERRY STREET

City CENTRAL FALLS *State* RHODE ISLAND *Zip* 02863

4. Business Phone No. 401-722-3160

5. State of Incorporation RHODE ISLAND

6. SIC Code 8953

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

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

President Name RONALD CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN *State* RHODE ISLAND *Zip* 02865

Vice President Name RONALD CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN *State* RHODE ISLAND *Zip* 02865

Secretary Name DARLENE CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN *State* RHODE ISLAND *Zip* 02865

Treasurer Name DARLENE CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN *State* RHODE ISLAND *Zip* 02865

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

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

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

Number of Shares	*Class/Series*	*Par Value*
100 NO PAR VALUE		

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
2	COMMON STOCK	NO PAR VALUE

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

[redacted] [redacted]

* 6 1 1 1 7 *

File Date: 1-17-02

Check No.: 8411

By: Dc

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.

Ronald Champigny 1-15-01
Signature of Officer *Date*

RONALD CHAMPIGNY
Print or Type Name of Officer

PRESIDENT/VICE PRESIDENT
Title of Officer

Form 610 12/01

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

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 61117
2. Name of Corporation: OnSite Truck Repair Inc.
3. Street Address Principal Business Office: 65 PERRY STREET — City: CENTRAL FALLS — State: RI — Zip: 02863
4. Business Phone No.: 722-3160
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 8953
7. Brief Description of the Character of Business Conducted in Rhode Island: GENERAL TRUCK REPAIR/ROAD SERVICE/MACHINE SHOP

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

President Name: RONALD CHAMPIGNY
Street Address: 20 MARIA STREET
City: LINCOLN — State: RI — Zip: 02865

Vice President Name: RONALD CHAMPIGNY
Street Address: 20 MARIA STREET
City: LINCOLN — State: RI — Zip: 02865

Secretary Name: DARLENE CHAMPIGNY
Street Address: 20 MARIA STREET
City: LINCOLN — State: RI — Zip: 02865

Treasurer Name: DARLENE CHAMPIGNY
Street Address: 20 MARIA STREET
City: LINCOLN — State: RI — Zip: 02865

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

Director Name: RONALD CHAMPIGNY
Street Address: 20 MARIA STREET
City: LINCOLN — State: RI — Zip: 02865

Director Name:
Street Address:
City — State — Zip:

Director Name: DARLENE CHAMPIGNY
Street Address: 20 MARIA STREET
City: LINCOLN — State: RI — Zip: 02865

Director Name:
Street Address:
City — State — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 SHS	NO PAR	VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
2 SHS	COMMON STOCK	NO PAR VAL

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

* 6 1 1 1 7 *

File Date: 1/18

Check No.: 7599

By: dc

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.

Darlene Champigny 1/16/01
Signature of Officer — *Date*

DARLENE CHAMPIGNY
Print or Type Name of Officer

SEC/TREASURER
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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 61117
2. Name of Corporation: OnSite Truck Repair Inc.
3. Street Address Principal Business Office: 65 PERRY STREET — City: CENTRAL FALLS — State: RI — Zip: 02863
4. Business Phone No.: 722-3160
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 8953
7. Brief Description of the Character of Business Conducted in Rhode Island: GENERAL TRUCK & MOBILE TRUCK REPAIR

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

President Name: RONALD CHAMPIGNY
Street Address: 20 MARIA STREET
City: LINCOLN — State: RI — Zip: 02865

Vice President Name: RONALD CHAMPIGNY
Street Address: 20 MARIA STREET
City: LINCOLN — State: RI — Zip: 02865

Secretary Name: DARLENE CHAMPIGNY
Street Address: 20 MARIA STREET
City: LINCOLN — State: RI — Zip: 02865

Treasurer Name: DARLENE CHAMPIGNY
Street Address: 20 MARIA STREET
City: LINCOLN — State: RI — Zip: 02865

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

Director Name: RONALD CHAMPIGNY
Street Address: 20 MARIA STREET
City: LINCOLN — State: RI — Zip: 02865

Director Name:
Street Address:
City — State — Zip:

Director Name: DARLENE CHAMPIGNY
Street Address: 20 MARIA STREET
City: LINCOLN — State: RI — Zip: 02865

Director Name:
Street Address:
City — State — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100 SHS	NO PAR VAL	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
2 SHS	COMMON STOCK	NO PAR VAL

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

[redacted]

* 6 1 1 1 7 *

File Date: 2.28.00
Check No.: 6775
By: LCP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Darlene C. Champigny 2/24/00
Signature of Officer *Date*

DARLENE CHAMPIGNY
Print or Type Name of Officer

SECRETARY/TREASURER
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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 61117

2. Name of Corporation OnSite Truck Repair Inc.

3. Street Address Principal Business Office 65 PERRY STREET

City CENTRAL FALLS *State* RHODE ISLAND *Zip* 02863

4. Business Phone No. 401-722-3160

5. State of Incorporation RHODE ISLAND

6. SIC Code 8953

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

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

President Name RONALD CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN *State* RI *Zip* 02865

Vice President Name RONALD CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN *State* RI *Zip* 02865

Secretary Name DARLENE CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN *State* RI *Zip* 02865

Treasurer Name DARLENE CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN *State* RI *Zip* 02865

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*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
100 SHS	NO	PAR VAL

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
2	COMMON STOCK	NO PAR VAL

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

[redacted] [redacted]

* 6 1 1 1 7 *

File Date: Mar 1, 99

Check No.: 9886

By: JD

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Ronald Champigny
Signature of Officer *Date*

RONALD CHAMPIGNY
Print or Type Name of Officer

PRESIDENT/VICE PRESIDENT
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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. *Corporate ID No.* 61117
2. *Name of Corporation* OnSite Truck Repair Inc.

3. *Street Address Principal Business Office* 65 PERRY STREET
City CENTRAL FALLS
State RI
Zip 02863

4. *Business Phone No.* 722-3160
5. *State of Incorporation* RHODE ISLAND
6. *SIC Code* 8953

7. *Brief Description of the Character of Business Conducted in Rhode Island*
TRUCK REPAIR & MOBILE TRUCK REPAIR

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

President Name RONALD CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN *State* RI *Zip* 02865

Vice President Name RONALD CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN *State* RI *Zip* 02865

Secretary Name DARLENE CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN *State* RI *Zip* 02865

Treasurer Name DARLENE CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN *State* RI *Zip* 02865

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

Director Name RONALD CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN *State* RI *Zip* 02865

Director Name DARLENE CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN; *State* RI *Zip* 02865

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
100 SHS		NO PAR VAL

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
2 SHS	COMMON STOCK	NO PAR VAL

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

* 6 1 1 1 7 *

File Date: 1.16.98
Check No.: 4856
By: WP

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.

Darlene Champigny 12/29/97
Signature of Officer *Date*

DARLENE CHAMPIGNY
Print or Type Name of Officer

SECRETARTY/TREASURER
Title of Officer

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

James R.

100 North Main Stre

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.* **61117**

2. *Name of Corporation* **OnSite Truck Repair Inc.**

3. *Street Address Principal Business Office* 65 PERRY STREET

City CENTRAL FALLS *State* RI *Zip* 63

4. *Business Phone No.* 401-722-3160

5. *State of Incorporation* **RHODE ISLAND**

Zip 63

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

General truck repair & machine shop

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

President Name RONALD CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN *State* RI *Zip* 02865

Vice President Name RONALD CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN *State* RI *Zip* 02865

Secretary Name DARLENE CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN *State* RI *Zip* 02865

Treasurer Name DARLENE CHAMPIGNY
Street Address 20 MARIA STREET
City LINCOLN *State* RI *Zip* 02865

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

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

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

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

Director Name NONE
Street Address
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*
100 SHS NO PAR VAL			2	COMMON STOCK	NO PAR VALUE

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

* 6 1 1 1 7 *

File Date: 1/2/97

Check No.: 3805

By: CCR/WLC

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.

Darlene Champigny 1/3/97
Signature of Officer *Date*

DARLENE CHAMPIGNY
Print or Type Name of Officer

SECRETARY/TREASURER
Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996

Filing Period: January 1–March 1
Filing Fee: $50.00

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO: 61117
2. NAME OF CORPORATION: OnSite Truck Repair Inc.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE: 65 Perry Street — CITY: Central Falls — STATE: RI — ZIP CODE: 02863
4. BUSINESS PHONE NO.: 401-722-3160
5. STATE OF INCORPORATION: RHODE ISLAND
6. SIC CODE: 8953
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND: Truck repair/Machine shop

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME: Ronald Champigny
STREET ADDRESS: 20 Maria Street
CITY: Lincoln — STATE: RI — ZIP CODE: 02865

VICE PRESIDENT NAME: Ronald Champigny
STREET ADDRESS: 20 Maria Street
CITY: Lincoln — STATE: RI — ZIP CODE: 02865

SECRETARY NAME: Darlene Champigny
STREET ADDRESS: 20 Maria Street
CITY: Lincoln — STATE: RI — ZIP CODE: 02865

TREASURER NAME: Darlene Champigny
STREET ADDRESS: 20 Maria Street
CITY: Lincoln — STATE: RI — ZIP CODE: 02865

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME: Ronald Champigny
STREET ADDRESS: 20 Maria Street
CITY: Lincoln — STATE: RI — ZIP CODE: 02865

DIRECTOR NAME: Darlene Champigny
STREET ADDRESS: 20 Maria Street
CITY: Lincoln — STATE: RI — ZIP CODE: 02865

DIRECTOR NAME:
STREET ADDRESS:
CITY — STATE — ZIP CODE:

DIRECTOR NAME:
STREET ADDRESS:
CITY — STATE — ZIP CODE:

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
100 SHS	NO PAR VAL		2	Common St.	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 correct.

Darlene Champigny, Sec.
Signature of Officer

Darlene Champigny
Print or Type Name of Officer

Secretary — 3/1/96
Title of Officer — Date

File Date: 3/1/96 RFB
Check No: 2488
By:

For Secretary of State Use Only

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.

Corporate ID: 0061117 Annual Report for the year: 1995

Name of Corporation: OnSite Truck Repair Inc.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

20 MARIA STREET
LINCOLN, RI 02865
Phone: (401) 334-2155

Business Entity is (check one):
[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)

Brief statement of the character of business conducted in Rhode Island:

Mobile truck & trailer repair.

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
RONALD CHAMPIGNY	20 MARIA STREET	LINCOLN, RI	02865
VICE PRESIDENT	**STREET ADDRESS**	**CITY/STATE**	**ZIP CODE**
RONALD CHAMPIGNY	20 MARIA STREET	LINCOLN, RI	02865
SECRETARY	**STREET ADDRESS**	**CITY/STATE**	**ZIP CODE**
DARLENE CHAMPIGNY	20 MARIA STREET	LINCOLN, RI	02865
TREASURER	**STREET ADDRESS**	**CITY/STATE**	**ZIP CODE**
DARLENE CHAMPIGNY	20 MARIA STREET	LINCOLN, RI	02865

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
RONALD CHAMPIGNY	20 MARIA STREET	LINCOLN, RI	02865
NAME	**STREET ADDRESS**	**CITY/STATE**	**ZIP CODE**
DARLENE CHAMPIGNY	20 MARIA STREET	LINCOLN, RI	02865
NAME	**STREET ADDRESS**	**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
100	Common Stock		

FILED
FEB 01 1995
By CP#30 1576

Date January 31, 19 95 By: Darlene Champigny

PRINT OR TYPE NAME OF OFFICER SIGNING: Darlene Champigny
TITLE OF OFFICER SIGNING: Secretary

Form 31 1/95

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

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

RONALD CHAMPIGNY
20 MARIA STREET
LINCOLN RI 02865

Filing Fee $50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT

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

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

PLPCK# 1106
$50.

Corporate ID: 0061117 4 Annual Report for the year: 1994

Name of Business Entity: OnSite Truck Repair Inc.

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: [redacted]

For foreign entity, address and telephone number of principal office:

Phone ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

20 Maria Street
Lincoln, RI 02865

Phone: (401) 334-2155

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1.1)
[ ] Professional Service Corporation (See RIGL Chapter 7-5.1)
[ ] Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Ronald Champigny, Pres.
20 Maria Street
Lincoln, RI 02865

Brief statement of the character of business conducted in Rhode Island:

Mobile Truck & Trailer Repair

Date of Organization: 7-13-90

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
[ ] CHIEF EXECUTIVE OFFICER OR [X] PRESIDENT (Check One)	Ronald Champigny	20 Maria Street	Lincoln, RI	02865
[ ] CHIEF OPERATING OFFICER OR [ ] VICE PRESIDENT (Check One)	Ronald Champigny	20 Maria Street	Lincoln, RI	02865
[ ] CUSTODIAN OF RECORDS OR [X] SECRETARY (Check One)	Darlene Champigny	20 Maria Street	Lincoln, RI	02865
[ ] CHIEF FINANCIAL OFFICER OR [X] TREASURER (Check One)	Darlene Champigny	20 Maria Street	Lincoln, RI	02865

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Ronald Champigny	20 Maria Street	Lincoln, RI	02865
Darlene Champigny	20 Maria Street	Lincoln, RI	02865

NUMBER OF SHARES AUTHORIZED (If Applicable)		NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)	
NUMBER	100	NUMBER	
CLASS	Common Stock	CLASS	
SERIES		SERIES	
PAR VALUE OR WITHOUT PAR	No Par Value	PAR VALUE OR WITHOUT PAR	

Date: February 28, 19 94

By: Darlene Champigny

Darlene Champigny
PRINT OR TYPE NAME OF OFFICER SIGNING

Secretary
TITLE OF OFFICER SIGNING

Form 3 - 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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

FILED
MAY 18 1994
By

RONALD CHAMPIGNY
20 MARIA ST.
LINCOLN RI 02865

Filing Fee $50.00

179878

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051117 Annual Report for the year 1993

FIRST: The name of the corporation is OnSite Truck Repair Inc

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Truck & Trailer Repair

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 20 Maria Street Lincoln, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Ronald Champigny, Pres.	~~Director~~	20 Maria Street Lincoln, RI 02865
Darlene Champigny, Sec.	~~Director~~	Same
	Director	
	President	
Ronald Champigny	Vice President	
	Secretary	
Darlene Champigny	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common Stock		No Par Value

MAY 03 1993
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2	" "	" "	" "

Dated March 1, 19 93

On Site Truck Repair, Inc.
(Name of Corporation)

By Darlene Champigny

Title Secretary

(Report must be signed by an officer)

Form 31 7/95

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0051117 Annual Report for the year 1992

FIRST: The name of the corporation is On Site Truck Repair Inc

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Truck & Trailer Repair (Mobile)

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 20 Maria Street Lincoln

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Ronald Champigny	President	20 Maria Street Lincoln, RI 02865
Same	Vice President	Same
Darlene Champigny	Secretary	Same
Same	Treasurer	Same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common Stock	PAID	No Par Value

APR 2 9 1992

SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2	" "		No Par Value

Dated March 4, 19 92

On Site Truck Repair, Inc.
(Name of Corporation)

By Darlene Champigny

(Report must be signed by an officer)

Title Secretary

Form 31 1/85

Filing Fee $50.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0061117 NC Annual Report for the year 1991

FIRST: The name of the corporation is OnSite Truck Repair Inc.

SECOND: It is incorporated under the laws of The State of Rhode Island

THIRD: Character of business, briefly stated, is mobile truck repair and all other lawful purposes.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 20 Maria Street Lincoln, RI 02865

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Ronald Champigny	Director	20 Maria Street Lincoln, RI 02865
Darlene Champigny	Director	Same
	Director	
Ronald Champigny	President	Same
" "	Vice President	"
Darlene Champigny	Secretary	"
" "	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common Stock		No Par Value

PAID
MAR 01 1991
SEC'Y OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2	Common Stock		No Par Value

Dated February 25, 19 91

On Site Truck Repair, Inc.
(Name of Corporation)

By Ronald Champigny

(Report must be signed by an officer)

Title President

Form 31 1/85