

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 401-222,3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - Ma (FORM MUST III: TYPED OR PRINT	- 1	Fee: \$50.00					
1. Corporate ID No.	2 Name of Corporation		-		· · · · · · · · · · · · · · · · · · ·		
61117	OnSite Truck Re	pair Inc.					
Street Address Principal Business Of 65 PERRY STREET	lpco		CENTRAL FALLS	State RI	^{Zip} 02863		
1 Business Phone No.		5. State of Incorporation			6. SIC Code		
401-722-3160	· · · · · · · · · · · · · · · · · · ·	RHODE ISLAND			8953		
Thrief Description of the Character of GENERAL TRUCK REPA	f Busines Conducted in Ri IR/ROAD SERVICE/M	bode Island ACHINE SHOP					
R NAMES AND ADDRESSES	OF THE OFFICERS:	C"X" ROX FOR ATTAC	CHMENT) FILL IN SPAC	CES REFORE USING AT	TACHMENTS		
President Name		(, , , , , , , , , , , , , , , , , , ,	Vice President Name				
RONALDOCHAMPIGNY			RONALD CHAM	PIGNY			
Sinvi Address			Street Address				
20 MARIA STREET		·	20 MARIA ST	· · · · · · · · · · · · · · · · · · ·	····		
City . THOOLN	State	Zip	City	State	<i>Ζψ</i> 02065		
LINCOLN) RI] 02865	LINCOLN Freesurer Name	RI	02865		
DARLENE CHAMPIGN	v		DARLENE CHA	MPTGNY			
Sirent Address	1	 ,	Sirrer Address	II TOWN			
20 MARIA STREET			20 MARIA ST	REET			
City	State	Zip	Cuy	State	Zip		
LINCOLN	RI	02865	LINCOLN	RI	02865		
9. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	_	ACES BEFORE USING	ATTACHMENTS		
Director Name			Director Name				
NONE Street Address			· Street Address				
SICKLY PHILIP (25			·				
Cuy	State	Zip	City	State	Zip		
	<u> </u>	,		[
Director Name			Director Name				
Street Address	•	-11	Sirect Address				
City	State	Zip	City	State	Zip		
	l	`	,				
10. SHARES AUTHORIZED	"X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHME	(TN		
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 s	igned in ink by cithe	er the President, Vice Pr	resident, Secretary, Assistant S	ecretary, Treasurer, Rec	eiver or Trustee		
·	,		-	-			
			Under penalty of perjury,	I declare and affirm that I	have examined this repor		
		1		ing schedules and stateme	nts, and that all statement		
	11.15		contained herein are true	and correct.			
File Date			Lough Cha	mflyn	2/10/05		
Charle Ma	1414		Signature of Officer	1 " "	Date		
Check No.	7,		RONALD CHAMP				
Ву:			Print or Type Name of Offi	cer			
באס פבאסנטייא אין אין	TE LICE AND V		PRES/VICE PR	ES			
FOR SECRETARY OF STATE USE ONLY			Title of Officer				



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

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

2004

Matthew A. Brown, Secretary of State PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

Filing Period: January 1 - March I 💎 🕟 Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 2. Name of Corporation 1. Corporate ID No OnSite Truck Repair Inc. 61117 7.tp 3 Street Address Principal Business Office City CENTRAL FALLS RI 02863 65 PERRY STREET 6. SIC Code 4. Business Phone No. 5. State of Incorporation 401-722-3160 8953 RHODE ISLAND 7 Brief Description of the Character of Business Conducted in Rhode Island GENERAL TRUCK REPAIR/ROAD SERVICE/MACHINE SHOP ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) Vice President Name President Name RONALD CHAMPIGNY RONALD CHAMPIGNY Street Address Street Address 20 MARIA STREET 20 MARIA STREET City City State Zip 02865 LINCOLN 02865 LINCOLN RI RI Secretary Name Treasurer Name DARLENE CHAMPIGNY DARLENE CHAMPIGNY Street Address Street Address 20 MARIA STREET 20 MARIA STREET City State 02864 LINCOLN RI 02865 RI LINCOLN FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name NONE Street Address Street Address ZФ State Zip City State City Director Name Director Name Street Address Street Address City State ZIP City Zip 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES **AUTHORIZED SHARES** Number of Shares Class/Series Par Value Number of Shares Par Value Class/Senes COMMON STOCK NO PAR VALUE 2 100 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	3.1.04
Check No.	10118
Ву:	21
F	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare neluding any accompanying sched contained herein are trug/and corre	iules and		
finaled (L	im	nary	2/26/04
ignature of Officer		00	Date
RONALD_CHAMPIGNY			
Print or Type Name of Officer			
PRES/VICE PRES			

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 Filing Fee: \$50.00

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(FORM MUST BE TYPED OR PRINTED IN BLACK)	

iod· lanuary 1-March 1

Corporate	in	No	

2. Name of Corporation

61117

*****	4	Detector	

OnSite Truck Repair Inc.

3. Street Address Principal Business Office

65 PERRY STREET

CENTRAL FALLS

RHODE ISLAND

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

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

President Name

City

Clly

Vice President Name

RONALD CHAMPIGNY

RONALD CHAMPIGNY

Street Address

Street Address

20 MARIA STREET

20 MARIA STREET

LINCOLN

RHODE ISLAND 02865 City LINCOLN

RHODE ISLAND

02865

Secretary Name

DARLENE CHAMPIGNY

Treasurer Name

DARLENE CHAMPIGNY

Street Address

20 MARIA STREET

Street Address

20 MARIA STREET

City

LINCOLN

RHODE ISLAND

02865 LINCOLN RHODE ISLAND

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

City

Zip

State

ZIp

Director Name

Director Name

Street Address

Street Address

City

2.10

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

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

State

State

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED SHARES 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



Check No.:

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

Print or Type Name of Officer

PRESIDENT/VICE PRESIDENT

Title of Officer **₹** 5

Form 630 12/02

Edward S. Inman, III. Secretary of State Corporations Division

100 North Main Street, Providence, RI 02903-1335 401-222-3040

2002 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1	- March 1	•	Filling F	ee: \$50.00
FORM MUST BE TYPED IN BLACK	()			

ı.	Corporate ID No.	
	64447	

2. Name of Corporation

61117

OnSite Truck Repair Inc.

3. Street Address Principal Business Office

CENTRAL FALLS

City

Zip

65 PERRY STREET

5. State of Incorporation

RHODE ISLAND

02863

4. Rusiness Phone No.

6. SIC Code

401-722-3160

RHODE ISLAND

8953

7. Rilef 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

Vice President Name

RONALD CHAMPIGNY Street Address

RONALD CHAMPIGNY Street Address

20 MARIA STREET

20 MARIA STREET

LINCOLN

RHODE ISLAND 02865 LINCOLN

RHODE ISLAND

02865

Secretary Name

Ticasurer Name

DARLENE CHAMPIGNY

DARLENE CHAMPIGNY

Street Address

Street Address

20 MARIA STREET

20 MARIA STREET City

City

LINCOLN

RHODE ISLAND

02865

LINCOLN

RHODE ISLAND

02865

Director Name

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

7.10

FILL IN SPACES BEFORE USING ATTACHMENTS Director Name

NONE Street Address

Street Address

Director Name

City

City

State

Class/Series

ZIp

Cltv

Director Name

State

Zip

Street Address

Street Address

State

7.10

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

AUTHORIZED SHARES Number of Shures

Par Value

City

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

ISSURE) SHARES Number of Shares

Class/Series

Par Value

100 NO PAR VALUE

2

Title of Officer **-**₹% 5

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



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 RONALD CHAMPIGNY

Print or Type Name of Officer PRESIDENT/VICE PRESIDENT

Form 630 12/01

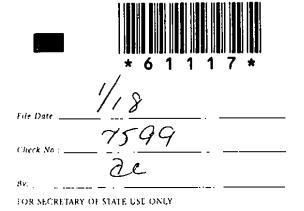


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 200' Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PLEASE READ INSTRUCTIONS

		4.21.1						
	ST BE TYPED IN BL.		natutian					
1. Corporate	"61°117	2. Name of Co. OnSite	Truck	Repair Inc.				
3 Street Add	lress Principal Busines	s Office			City		State	Zip
	65 PERRY S	STREET			CENT	RAL FALLS	RI	02863
4. Business I	Phone No.			5. State of Incorporation				6 8953
	722-3160			RHODE ISLAND				
7 Brief Desc	ription of the Characti	er of Business Conduc	ted in Rhode	Island				
	GENERAL TRUC	X REPAIR/ROAD	SERVICE	:/MACHINE SHOP				
8. NAME	S AND ADDRE	SSES OF THE C	FFICERS	CXT BOX FOR ATTACHE	MENT)	FILL IN SPACES B	BEFORE USING ATTA	CHMENTS
President Na						sident Name		
	PONALD CHAME	PIGNY				RONALD	CHAMPIGNY	
Street Addres	6.5				Street Ac	ldress		
	20 MARIA STE	æ				20 Mar	ITA STREET	
City		State		Zip	City		State	Zip
	LINCOLN	RI	[02865		LINCOLN	RI	02865
Secretary Na	me				Treasure	r Name	·	•
	DARLENE CHAN	APTCNY				DARLE	NE CHAMPIGNY	
Street Addres		1300			Street A			
	20 MARIA STE	XF T				20 MA	VRIA STREET	
City	20 177221 011	State		Zip	City		State	Zip
	LINCOLN	R	Ī	02865		LINCOLN	RI	02865
9. NAME				RS ("X" BOX FOR ATTAC	HMENT)	FILL IN SPACE	S BEFORE USING AT	TACHMENTS
Director Nar					Director	Name		
	RONALD CHAM	PTGNY						
Street Addres		2011			Street A	ddress		
	20 MARIA STI	REFT						
City	CO TITUE (OI)	State		Zip	City		State	Zip
	LINOOLN	R	Ī	02865				
Director Nar			=	*	Director	Name		
	DARLENE CHA	MPIGNY						
Street Addre					Street A	ddress		
	20 MARIA STI	REET						
City		State		Zip	City		State	Zip
	LINCOLN	RI		02865				
10. SHAF	RES AUTHORIZ	ED ("X" BOX FOR	ATTACHMI	ent)	11. SF	HARES ISSUED 6	X" BOX FOR ATTACHMEN	NT)
AUTHORIZE					ISSUED S	HARES		
Number of S		Class/Series		Par Value	Number	of Shares	Class/Series	Par Value
100	SHS NO PAR	VAL						
	int					2 SHS	COMMON STOC	X NO PAR VAL
						2 5Hb	WITH SILL	a NU PAR VI

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 begin are true and correct.

Alaslere. Champiane 1

DARLENE CHAMPIONY

Print or Type Name of Officer

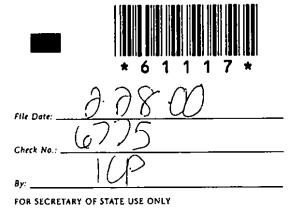
SEC/TREASURER

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

Filling Per	iod: January 1	I-March I • Fi	ling Fee: \$50.00				TXSTRUCTI
(FORM MUST	BE TYPED IN BLAC	k)					
1. Corporate ID	No. 51117	2. Name of Corporation OnSite Truc	k Repair Inc.	•			
3. Street Addres.	s Principal Bustness O	ffice		City		State	Zip
4. Business Pho	65 PERRY S' 722-3160	TREET	5. State of Incorporation RHODE ISLAND	CENTRAL	. FALLS	RI	02863 6. 8953
7. Brief Descript		f Business Conducted in Ri	rode Island				
	GENERAL TRI	UCK & MOBILE 1	TRUCK REPAIR				
8. NAMES President Name		ES OF THE OFFICE	RS ("X" BOX FOR ATTACH	MENT) FILI Vice President		EFORE USING ATTAC	HMENTS
Street Address	RONALD CHAI	MPIGNY		Street Address	RONALD CHA	MPIGNY	
Sittle Maartas	20 MARIA S	TREET			20 MARIA S	TREET	
City	ZO MANIA S	State	Zip	City		State	Zip
Secretary Name	LINCOLN	RI	02865	Trepsurer Nam	LINCOLN	RI	02865
,	DARLENE CH	AMPTGNY			DARLENE CH	IAMPTGNY	
Street Address	J22			Street Address	Drine Cive On	70.0 2001	
	20 MARIA S	TREET			20 MARIA S		
City		State	Zip	City		State	Zip
9. NAMES Director Name	LINCOLN AND ADDRESS	RI ES OF THE DIREC	02865 TORS (*x* box for attac	CHMENT) F Director Name		RI BEFORE USING ATTA	02865 ACHMENTS
Street Address	RONALD CHAI	MPIGNY		Street Address			
	20 MARIA S	TREET				_	~.
City		State	Zip	City		State	Zip
Director Name	LINCOLN	RI	02865	Director Name	r		
	DARLENE CH	AMPIGNY					
Street Address	OO MADTA C	TOFFT		Street Address			
City	20 MARIA S	I MEE I State	Zip	City		State	Zip
City	LINCOLN	RI	02865	- ,			
10. SHARE	S AUTHORIZED) (*X* BOX FOR ATTAC		11. SHAR		* BOX FOR ATTACHMEN	r)
Number of Sha		Class/Series	Par Value	Number of Sh		Class/Series	Par Value
	S NO PAR VA		2	·	SHS	COMMON STO	OCK NO PAR VAL

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. Signature of Officer

DARLENE CHAMPIGNY

Print or Type Name of Officer

SECRETARY/TREASURER



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 PLI-ASE READ INSTRUCTIONS

(FORM MU	ST BE TYPED IN BLAC	K)					
1. Corporate	ID No. 61117	2. Name of Corporal	k Repair Inc.		•		
3. Street Add	tress Principal Business O		K Hopan mo.	City		State	Zip
	65 PERRY ST			CENTRAL	FALLS	RHODE ISLA	•
4. Business F			5. State of Incorporation				6. SIC Code
	401-722-316	=	RHODE ISLAND				8953
7. Brief Desc	ription of the Character of GENERAL TRU		Rhode Island				
R NAME			CERS (*X* BOX FOR ATTACHI	MENT) FILLIN	SPACES REF	ORE USING ATTAC	HMENTS
President Na			SERG (A BOM FOR ALLACIA	Vice President Name	e		
	RONALD CHAM	PIGNY			RONALD C	CHAMPIGNY	
Street Addres		OFFT		Street Address			
City .	20 MARIA ST	iteli I State	Zíp	City	20 MARIA	STREET	Zip .
City	LINCOLN	RI	02865	City	LINCOLN	RI	02865
Secretary Na		***	00000	Treusurer Name	CINCOLIA	. nı	
	DARLENE CHA	MPIGNY			DARLENE	CHAMPIGNY	
Street Addres				Street Address			
City	20 MARIA ST	REET State	Zip	City	20 MARIA	N STREET State	Zip
City	LINCOLN	RI	02865	City	LINCOLN	RI	02865
9. NAME			CTORS ("X" BOX FOR ATTAC	CHMENT) FILL		EFORE USING ATTA	
Director Nan	ne			Director Name			
Street Addres	.,			Street Address			•
JULET MARKET				Sireet Addiess			
City		State	Zip	City		State	Zip
		1		••			
Director Nan	ne .			Director Name			•
Street Addres	ıs			. Street Address			•
							·
City		State	Zip	City		State	Zip
10. SHAR	ES AUTHORIZED	("X" BOX FOR ATTA	CHMENT)	11. SHARES IS	SSUED ('X' B	OX FOR ATTACHMENT	7)
AUTHORIZED)	SHARES			ISSUED SHARES			
Number of S	hares	Class/Series	Far Value	Number of Shares		Class/Series	Par Volue
100 S	HS NO PAR VAL	-			2	COMMON ST	OCK NO PAR VAL
				<u>.</u>			
This repo	ort must be signe	d in ink by eith	er the President, Vice P	resident. Secret	ary, Assistan	it Secretary, Treasi	arer, Receiver or Truste
•	G.	,	•	,		,,	,

	* 6 1 1 7 *
File Date:	ellantag dåre
Check No.:	9886
Ву:	
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.

Monceld Chempians
Signature of Officer Pate

RONALD CHAMPIGNY

Print or Type Name of Officer

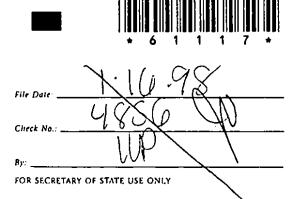
PRESIDENT/VICE PRESIDENT
Title of Officer

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January, 1-March 1 • Filing Fee: \$50.00

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,				(instruction
IFORM MUST	T BE TYPED IN BLA	CK)					
1. Corporate II	61117	2. Name of Corpora OnSite Truc	k Repair Inc.	•			
3. Street Addre	ess Principal Business	Office		City		State	ZIP
4. Business Ph	65 PERRY S'	TREET	5. State of Incorporation RHODE ISLAND	CENTRAL	FALLS	RI	02863 6. SIC Code 8953
7. Brief Descrip	ption of the Character	of Business Conducted	n Rhode Island				
8. NAMES	AND ADDRESS		TRUCK REPAIR ICERS ("X" BOX FOR ATTACHN	4ENT) Vice President N	Iame		
	RONALD CHA	MPIGNY			RONALD CI	HAMPIGNY	
Street Address				Street Address			
	20 MARIA S	TREET	·		20 MARIA	STREET	
City	I THOOL N	State	Zip	City		State	Zip
	LINCOLN	RI	02865		LINCOLN	RI	02865
Secretary Name		AMOTOMY		Treasurer Name	DAD! ENE	CHAMPIGNY	
Street Address	DARLENE CH	AMPIGNY		Street Address	DANCENE	CHAMPIGHT	
Street Maniess	20 MARIA S	TDEET		Street Muoress	20 MARIA	STREET	
City	ZU MANIA 3	State	Zip	City	EG HAHEA	State	Zip
,	LINCOLN	RI	02865	,	LINCOLN	RI	02865
9. NAMES		•	ECTORS (*X* BOX FOR ATTAC	HMENT)			
Director Name				Director Name			
	RONALD CHA	MPIGNY					
Street Address				Street Address			
	20 MARIA S					_	
City		State	Zip	City		State	Zip
Director Name	LINCOLN	RI	02865	Director Name		•••	
	DARLENE CH	IAMPIGNY					
Street Address	20 MARIA S	TREET		Street Address			
City	EO FIRITA O	State	Zip	City		State	Zip '
G.I. ,	LINCOLN.	RI	02865	G.1.,			2.7
10. SHARE	S AUTHORIZEI	D ("X" BOX FOR ATT		11. SHARES	S ISSUED (*x* E	OX FOR ATTACHMENT)	
Number of Sho	nes :	Class/Series	Par Value	Number of Share	es	Class/Series	Par Value
100 SH	IS NO PAR VA	NL		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



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 Print or Type Name of Officer

SECRETARTY/TREASURER



lames R.

100 North Main Stre

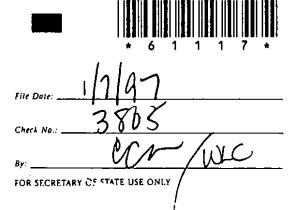
PROFIT CORPORATION ANNUAL REPORT 1997 Filling Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 61117 OnSite Truck Repair Inc. 3. Street Address Principal Business Office City State 65 PERRY STREET CENTRAL FALLS RI Jo3 5. State of Incorporation 4. Business Phone No. 401-722-3160 RHODE ISLAND **J**53 7. Brief Description of the Character of Rusiness Conducted in Rhode Island General truck repair & machine shop 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name RONALD CHAMPIGNY RONALD CHAMPIGNY Street Address Street Address 20 MARIA STREET 20 MARIA STREET City Zip 02865 RI 02865 LINCOLN RI LINCOLN Secretary Name Treasurer Name DARLENE CHAMPIGNY DARLENE CHAMPIGNY Street Address Street Address 20 MARIA STREET 20 MARIA STREET City City State Zip RI 02865 RI 02865 LINCOLN LINCOLN 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name Director Name NONE NONE Street Address Street Address City State Zip City State Z.Ip Director Name Director Name NONE NONE Street Address Street Address City ZΙρ State Zip City State

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

ISSUID SHARES

Number of Shares

2



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

Class/Series

Par Value

AUTHORIZED SHARES

100 SHS NO PAR VAL

Number of Shares

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.

Class/Series

Par Value

COMMON STOCK NO PAR VALUE

Marlen Champing 1/3/97
Signature of Officer

DARLENE CHAMPIGNY

Print or Type Name of Officer

SECRETARY/TREASURER

PROFIT CORPORATION ANNUAL REPORT

For Secretary of State Use Only

1996



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

Filing Period: January 1-March 1

	ME OF CORPORATION	·			
61117 ,	,	ACE a Truck Banair I	ne		
REET ADDRESS PRINCIPAL BUSINESS OFFICE	/	e Truck Repair I	nc.	STATE	ŽIP C00E
65 Perry Street	t.		Central Fall	s RI	02863
SINESS PHONE NO.		S. STATE OF INCOMPORATION		3 NI	6.SC CODE
401-722-3160		' RHODE IS	LAND		8953
EF DESCRIPTION OF THE CHARACTER OF BUSINESS C	COMOUCTED IN RHOOET	ISLAND			
Truck repair/Ma					
Trock reputiting		·	ESSES OF THE OF	 E I O E O C	
IDENT NAME	Q. N.A	MES AND ADDR	VICE PRESIDENT HAME	ricens	•
Ronald Champign	٦y		Ronald C	hampigny	
ET ADDRESS			STREET ADDRESS		
20 Maria Street		ZP 000E	20 Maria	Street	ZIP COD€
Lincoln	RI	02865	Lincoln_	J. J	02865
ETARY HAME			TREASURER HAME		
Darlene Champig	<u>yn y</u>		Darlene	<u>Champigny</u>	
et ADDRESS 20 Maria Street			STREET ADDRESS 20 Maria	Street	
STATE STATE		<u>ZIP</u> C00€	any ZU Maria	STATE	ZIP COOK
Lincoln	RI	1 02865	Lincoln	! RI	02865
	9. NA		ESSES OF THE DI		, 32333
3WAN ROTO		· -	DIRECTOR NAME	· -	• •
Ronald Champign	۱ <u>y</u>		Darlene SIREET ADDRESS	<u>Champigny</u>	
20 Maria Street	r.		20 Maria	Street	
I STATE		ZP 000E	any	I STATE	T 22P 000€
Lincoln	RI	02865	Lincoln	RI	02865
CTOR NAME			DIRECTOR NAME		
EÉT ADORESS			STREET ADDRESS		
•		•	•		• • •
		ZIT CODE	₹ CITY	STATE	ZIP COO€
STATE	•				:
STATE		en de la companya de La companya de la co	करतः । । प्रश्न यक र्त्त्र कर ज्यान्त्रीतः व		
	1 0 . S	HARES AUTHOR	IZED AND ISSUED		
AUTHO	1 0 . S		·	ISSUED SHARES	Papvaire
AUTHO	1 0 . S	HARES AUTHOR	IZED AND ISSUED	ISSUED SHARES QASS/SERIES	PAR VALUE
AUTHO	1 0 . S Orized Shares Lass/Series		·	CLASS/SERIES	PARVALUE No Par Value
AUTHO IAUMBER OF SHARES CO	1 0 . S Orized Shares Lass/Series		MUMBER OF SHARES	CLASS/SERIES	
AUTHO IAUMBER OF SHARES CO	1 0 . S Orized Shares Lass/Series		MUMBER OF SHARES	Common St	
AUTHO IALMBER OF SHARES C.	1 0 . S Orized Shares Lass/Series		MUMBER OF SHARES	Common St	
AUTHO IANABER OF SHARES CO	1 0 S ORIZED SHARES LASS/SERIES VAL	PAR VALUE	HUNSER OF SHARES	Common St	
AUTHO IAMBER OF SHARES CO. 100 SHS NO PAR	1 0 S ORIZED SHARES LASS/SERES VAL	PARVAUE	HUNSER OF SHARES 2 INED IN INK by either th	Common St	. No Par Value
AUTHO TAMBLE OF SHARES OF 100 SHS NO PAR	1 0 S ORIZED SHARES LASS/SERES VAL	PARVAUE	HUNSER OF SHARES	Common St	. No Par Value
AUTHO IAMBER OF SHARES 100 SHS NO PAR President,	1 0 . S ORIZED SHARES ZASS/SERES VAL Thi Vice Presid	is report must be SIG dent, Secretary, Assist	iNED IN INK by either th tant Secretary, Treasurer,	e Receiver or Trust	ee affirm that I have examine
AUTHO IAMBER OF SHARES 100 SHS NO PAR President,	1 0 . S ORIZED SHARES ZASS/SERES VAL Thi Vice Presid	is report must be SIG dent, Secretary, Assist	iNED IN INK by either th tant Secretary, Treasurer, Under penalty or report, including	e Receiver or Trust	ee d affirm that I have examine thedules and statements, an
AUTHO FAMBER OF SHARES 100 SHS NO PAR President,	1 0 . S ORIZED SHARES ZASS/SERES VAL Thi Vice Presid	is report must be SIG dent, Secretary, Assist	iNED IN INK by either th tant Secretary, Treasurer, Under penalty or report, including	e Receiver or Trust	ee d affirm that I have examine thedules and statements, ar
AUTHO IAMBER OF SHARES 100 SHS NO PAR President,	1 0 . S ORIZED SHARES ZASS/SERES VAL Thi Vice Presid	is report must be SIG dent, Secretary, Assist	iNED IN INK by either th tant Secretary, Treasurer, Under penalty or report, including	e Receiver or Trust perjury. I declare and any accompanying so intained herein are true.	ee d affirm that I have examine thedules and statements, an
AUTHO IAMBER OF SHARES 100 SHS NO PAR President,	1 0 . S ORIZED SHARES ZASS/SERES VAL Thi Vice Presid	is report must be SIG dent, Secretary, Assist	ANED IN INK by either the tant Secretary, Treasurer, under penalty or report, including all statements of Signature of Office	e Receiver or Trust any accompanying so intained herein are true.	ee daffirm that I have examine chedules and statements, and e and correct.
AUTHO IAMBER OF SHARES CO. 100 SHS NO PAR	1 0 . S ORIZED SHARES ZASS/SERES VAL Thi Vice Presid	is report must be SIG dent, Secretary, Assist	ANED IN INK by either the tant Secretary, Treasurer, under penalty or report, including all statements of Signature of Office	e Receiver or Trust perjury. I declare and any accompanying so intained herein are true e Champigny	ee daffirm that I have examine chedules and statements, and e and correct.

Title of Officer

Date

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street

Providence, Rhode Island 02903-1335 3 401-277-3040

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.

005 1117 Corporate ID:			_ Annual Report fo	or the year:1	345	
Ons	Site Truck R	epair	•	•		
Name of Corporation: Business entity organized under the laws of For foreign entity, address and telephone nu	X Busines. [Professi	ty is (check one): s Corporation (See RIGI, onal Service Corporation	(See RIGL C	Chapter 7-5.1)		
Phone: ()			Brief stateme	nt of the character of bus	iness conduct	ed in Rhode Island:
Address and telephone of the principal offic Island (Provide street address - Not P.O. Bo	•	Rhode	_Mobile	truck_& _tra	ile <u>r r</u> e	pair
20 MARIA STREET LINCOLN, RI 028 Phone: (401) 334-2155	365					
	THE NA		THE OFFICERS			
RONALD CHAMPIGNY VICE PRESIDENT	20	STREET / MARIA STREET /	STREET	LINCOLN .	RI	2/P CODE 02865 2/P CODE
RONALD CHAMPIGNY	20	MARIA STREET	STREET ADDRESS	LINCOLN,	RI	02865 ZIP CODE
DARLENE CHAMPIGNY TREASURER	20	MARIA STREET	STREET	LINCOLN,	RI	0286 <u>5</u> ZFCODE
DARLENE CHAMPIGNY			STREET	LINCOLN,	RI	02 <u>8</u> 6 <u>5</u>
NAME	THE NA	MES OF T	HE DIRECTORS ADDRESS	CITY/STATE		ZIP CODE
RONALD CHAMPIGNY	20	MARIA	STREET	LINCOLN,	RI	02865 ZIPCODE
DARLENE CHAMPIGNY	20	MARIA	STREET ADDRESS	LINCOLN,	RI	02865 ZIP CODE.
NUMBER OF SHARES AUTHORIZED (Rid	er may be attached)		NUMBER OF SH	ARES ISSUED AND OUT	STANDING (R	ider may be attached)
Number of Shares Class / S			Number of Share	es Class / Se	44	בי ב
100 Common	Stock				ores By CD#	0 1 i995 <u>30 1876</u>
Date January 31	9 95	By:/	larlene	Champing	ny	
Form 31 - 1795			CTYPE NAME OF OFFICER'S	Darlene Secretar		ny
DES	SIGNATED REGIS	TERED A	GENT FOR SERV	ICE 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. Jun. 1 - March 1

PLP CK # // D G

& S O.

Corporate ID: 0051117	Annual Report fo	or the year: 1994			
Name of Business Entity:	Onsite T	ruck Repair Inc.			
Business entity organized under the laws of the State of: 3.1	Business Enti	ity is (check one)			
		lusiness Corporation (See RIGL Chapt			
Federal Taxpayer Identification Number:		rotessional Service Corporation (See Familie Lability Company (See RIGL)	•		
For foreign entity, address and telephone number of principal office:	:	nd mailing address of contact person to			
	 i	ons may be directed			
 .	<u></u>	d Champigny, Pres.			
Phone ()		r <u>ia Street</u>			
Address and telephone of the principal office of business entity in Rhod	binco	ln, RI 02865			
Island (Provide street address Not P.O. Box)	Brief stateme	Brief statement of the character of business conducted in Rhode Island			
20 Maria Street	—	e <u>Truck & Trailer Re</u>	 pair		
Lincoln, RI 02865	Date of Orga	nization <u>?-</u> 13-90			
Phone: (401) 334-2155	Date of Qual:	fication to do business in Rhode Island	I (if foreign entity)		
THE NAM!	ES OF THE OFFICERS STREET ADDRESS	ARE: CASISTATE	Z.P.COD		
	daria Street	Lincoln, RI	.0286		
	Caria Street	Lincoln, RI	0286 g		
	Maria Street	Lincoln, RI	0285 <u>9</u> zaeconi		
Darlene Champigny 20 1	Maria Street S OF THE DIRECTORS	Lincoln, RI	0286		
NAME THE DOUBLE	ATRECT ADDRESS	COSTATE	ZIP CEDIX		
Ronald Shampigny 20 h	karia Street	Lincoln, RI	02869 Zecon		
	Maria Street	Lincoln, RI	0286		
NAME	NUMBER NORMALS	CHYSTATE	Z.P.COOI		
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF S	HARES ISSUED AND OUTSTAND	NG (If Applicable)		
NUMBER 100	NUMBER				
CLASS Common Stock	CLASS				
SERIES	SERIES				
PAR VALUE OR WITHOUT PAR NO Par Value	PAR VALUE O WITHOUT PAR				
	(i) a				
Date		Champigny	-		
	Darlene Ch	ampigny			
	Secretary interesting				
Format 1794					
DESIGNATED REGISTERED OF	RESIDENT AGENT FO	OR SERVICE OF PROCESS:			

FILED MAY 1 8 1994

PONALD CHAMPIGNY 20 MARIA ST. LINCOLN

RI 02865

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	<u> 223</u>
First: The	name of the corporation is	s	OnSite 7	Inuck Re	eair Inc.	······································
Second: It	is incorporated under the	laws of	Rhode Is	land		
THIRD: Ch	aracter of business, briefly	stated, is	Truck &	Trailer	Repair	
Fourth: I	foreign corporation, addre	ess of its p	rincipal office			
FiFTH: Bus	iness address in Rhode Isla	and	20 Maria	Street	Lincoln,	RI
Sixth: Nai	nes and addresses of its dir	rectors and		Address (includin	(Att	ach rider if necessary)
Ronald (hampigny.Pres.R	N KOK KI	20 Maria	Street	Lincoln.	RI 02865
Darlene	Champigny, Sec. E	X&K&K	Same		·····	
	С	Director	***************************************		***********	
	Р	resident	,		·····	
	hampigny V		ent			
	S		- - - ,		• •	
	Champigny T	·				
	Number of Shares authoriz					Par Value
No. of Shares	Class		Senes		shar	statement that es are without
NO. OF SHARES			açnes			par value
100	Common S	Stock	,	en e		Value
Еіднтн: N	umber of Shares issued:			TAY 03 is		Par Value
No. of Shares	Class		공도(Series	D'Y CF ST	AT. shar	es are without par value
2	п	u			1f II	n
DatedMs	arch 1. 19.93		(Name of Corporation)	_	_	i.e
]	By Marlex	e-Cla	mpy	zy
(Repor	t must be signed by an officer)	-	Title Sec	retary	<u>,</u>	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	<u> 1951 11 /</u>	Annual Report for the	year1EB2		
FIRST: The name of	of the corporation is	OnSite Truck Someia inc			
Second: It is inco	rporated under the laws of	Rhode Island			
THIRD: Character	of business, briefly stated, is	Truck & Trailer Repa	ir (Mobile)		
FOURTH: If foreign	n corporation, address of its prin	ncipal office			
FIFTH: Business ad	Idress in Rhode Island	20 Maria Street Linc	oln		
SIXTH: Names and	l addresses of its directors and o	officers: Address (including nur	(Attach rider if necessary)		
	Director				
	Director				
	Director				
Ronald Champ	oigny President	20 Maria Street Li	ncoln, RI 02865		
Same	Vice Presiden	t Same			
Darlene Cham		Samo.	÷ . p		
Same	Т	Same			
	r of Shares authorized:		Par Value or statement that shares are without		
No. of Shares	Class	Series	par value No Par Value		
100	Common Stock	PAID	NO Par Value		
C	6.61	APR 2 9 1992	Par Value		
Eighth: Number	of Shares issued:	SEC'Y OF STATE	or statement that shares are without		
No. of Shares	Class	Series	par value		
2	16-17 11		No Par Value		
Dated March 4,	19 92 ********************************	On Site Truck Repair	Inc.		
(Report must be	signed by an officer) Ti	Alaslexe (d	ampigny		

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903 OOE 1117

Corporate ID	0061117		Annual Report for the year.	1991
First:	The name of the corporation	on is	OnSite Truck Repair	Inc.
Second:	It is incorporated under	the laws of	The State of Rhode Islan	nd
THIRD:		-	mobile truck repair and	
Fourth:	: If foreign corporation, a	ddress of its pr	rincipal office	
Г ІГТ Н :	Business address in Rhode	Island 20	Maria Street Lincoln. RI	02865
Sіхтн:	Names and addresses of its	s directors and	l officers: Address (including number, str	(Attach rider if necessary)
Rona	ald Champigny	Director	20 Maria Street Linco	ln. RI 02865
Darl	lene Champigny	Director	Same	
		Director		
Rona	ald Champigny	President	Same	
11	11	Vice Preside	ent"	
Dar:	lene Champigny	Secretary		
		т	11	
Seventi	i: Number of Shares auth	orized:	Ci.e.	Par Value or statement that shares are without
No. of Sh 1 0 0		n Stock	Series PAID	par value No Par Value
100	00	500011	MAR 0 ± 1991	
EIGHTH:			SEC'Y OF STATE Series	Par Value or statement that shares are without par value
2		on Stock		No Par Value
Dated Fe	bruary 25, 19		On Site Truck Repai (Name of Corporation) By Little Cumpus	
(R	eport must be signed by an offic	cr)	Til Dragidant	