

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

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

Matthew A. Brown, Secretary of State

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ______2005

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1. ID No.	2. Exact name of the limit	2. Exact name of the limited liability company					
130728	BONANZA ACQUISI		<u></u>				
3. State of Formation	· '	•	es which is actually conducted in Rho	de Island			
DELAWARE	DELAWARE CIVE RUN BUS COMPANY						
5. Principal office addr	122	· · · -	City	State	<i>Ζψ</i>		
ONE BONANZA WAY		PROVIDENCE	RI	02904			
6. MAILING ADDR	ESS OF LIMITED LIAB	ILITY COMPANY AND N	AME OR TITLE OF CONTACT	r person:	·		
Contact Name			Contact Title				
BRIAN R STE	FANO		EXEC VICE PRESI	DENT			
Sinvi Address	<u></u>		City	State	Ztp		
167 WILDFLO	167 WILDFLOWER LANE			MA	01085		
7. NAME AND ADI	DRESS OF EACH MANA	GER OF THE LIMITED I	LIABILITY COMPANY, IF APP	PLICABLE	•		
	FILL IN SI	PACES BEFORE USING A	TTACHMENTS ("X" BOX F	OR ATTACHMENT)	_		
A	NY MODIFICATIONS T	O MANAGERS REQUIRE	S FILING OF AMENDMENT, F	R.I.G.L. 7-16-12 (a)	(2) / 7-16-52		
Manager Name	Manager Name		Manager Name				
PETER A PIC	KNELLY		"				
PETER A PIC	KNELLY		Street Address				
Street Address							
		Ζφ		State	Zip		
Street Address 330 PARK DR	IVE State	Ζφ 01106	Street Address	State	Zip		
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330 PARK DR GitySPRINGFIELD Manager Name Street Address City	IVE State MA State		Street Address City Manager Name Street Address City	State	Zip		
Street Address 330 PARK DR CitySPRINGFIELD Manager Name Street Address City 8. RESIDENT AGE	IVE State MA State		Street Address City Manager Name Street Address City nges require filing of Form	State	Zip		
330 PARK DR GitySPRINGFIELD Manager Name Street Address City	IVE State MA State		Street Address City Manager Name Street Address City	State	Zip		
Street Address 330 PARK DR CitySPRINGFIELD Manager Name Street Address City 8. RESIDENT AGE Agent Name	State State State NT IN RHODE ISLAND		Street Address City Manager Name Street Address City nges require filing of Form	State	Zip		
330 PARK DR GitySPRINGFIELD Manager Name Street Address City 8. RESIDENT AGE	State State State NT IN RHODE ISLAND		Street Address City Manager Name Street Address City nges require filing of Form	State 642 · R.I.G.L. 7·16·	Zip		
330 PARK DR GitySPRINGFIELD Manager Name Street Address City 8. RESIDENT AGE Agent Name CORPORATION SE	State State State NT IN RHODE ISLAND		Street Address City Manager Name Street Address City nges require filing of Form Address	State 642 · R.I.G.L. 7·16·	Zip		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

	130728	
File Date	9/20/05	
Check No	056032	
Ву:	Chr	
FOR	SECRETARY OF STATE USE ONLY	

Under penalty of periory, I declare in including any accompanying schudul contained heromy are true and porrect	d affirm that I have examined this report es and statements, and that all statements.
// //m /	9/15/05
ignature of Authorized Person	Date
PETER A PICKNELLY	

Print or Type Name of Authorized Person



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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR ____

2004 Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BIACK) 1 ID No 2. Exact name of the limited liability company 130728 **BONANZA ACQUISITION, LLC** 3. State of Formation 4. Brief description of the character of the husiness which is actually conducted in Rhode Island **DELAWARE** LINE RUN BUS COMPANY 5. Principal office address ONE BONANZA WAY **PROVIDENCE** RI 02904 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Contact Title BRIAN R STEFANO EXEC VICE PRESIDENT Sircet Address State 167 WILDFLOWER LANE WESTFIELD MA 01085 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52 Manager Name Manager Name PETER A PICKNELLY Street Address Street Address 330 PARK DRIVE City State City 01106 SPRINGFIELD MA Manager Name Street Address Street Address City State Zip City State Zip 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11 Ageut Name Address

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

WARWICK



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Check No		520	29
By:		DA	
FOR	SECRETARY (OF STATE USE	ONLY

CORPORATION SERVICE COMPANY

222 JEFFERSON BOULEVARD, SUITE 200

Address

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ncluding any accompany ng	schedules and state	ements, and that all statemen	nts
contained herein are true and	i confept.		
	///		

Zip

02888-

PETER A PICKNELLY

Print or Type Name of Authorized Person

No Filing Fee ID Number: 130728

LIMITED LIABILITY COMPANY

STATEMENT OF CHANGE OF ADDRESS OF THE RESIDENT AGENT

Pursuant to the provisions of Section 7-16-11(c)(1) of the General Laws, 1956, as amended, the undersigned resident agent, or the person signing on behalf of the resident agent, submits the following statement for the purpose of changing the agent's address within the state:

1. The name of the limited liability company is:

BONANZA ACQUISITION, LLC

2. The address of the resident agent as PRESENTLY shown in the records on file with the Rhode Island Secretary of State is:

170 Westminster Street Suite 900 Providence, RI 02903

3. The NEW address of the resident agent is:

222 Jefferson Boulevard Suite 200 Warwick, RI 02888

4. The change of address of the resident agent shall become effective upon the filing of this statement, or on

(a date not prior to, nor more than 30 days after, filing this statement)

Dated: June 14, 2004

Under penalty of perjury, I declare that the information contained herein is true and correct.

CORPORATION SERVICE COMPANY

John H. Pelletier

Assistant Vice President

RECEIVED AND FILED

JUN 1 4 2004

BY___ME#59