



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 130728		2. Exact name of the limited liability company BONANZA ACQUISITION, LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island XXX LIVE RUN BUS COMPANY LINE			
5. Principal office address ONE BONANZA WAY		City PROVIDENCE	State RI	Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name BRIAN R STEFANO			Contact Title EXEC VICE PRESIDENT		
Street Address 167 WILDFLOWER LANE		City WESTFIELD	State MA	Zip 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) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name PETER A PICKNELLY			Manager Name		
Street Address 330 PARK DRIVE			Street Address		
City SPRINGFIELD	State MA	Zip 01106	City	State	Zip
Manager Name			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					
Agent Name CORPORATION SERVICE COMPANY			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200			City WARWICK	Zip 02888-	

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



130728

File Date	9/24/05
Check No.	056032
By:	<i>CPV</i>
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.

Peter A Picknelly
Signature of Authorized Person 9/19/05 Date

PETER A PICKNELLY
Print or Type Name of Authorized Person



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



* 1 3 0 7 2 8 *

File Date	<u>9/27/04</u>
Check No.	<u>52029</u>
By:	<u>PA</u>
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] 9/27/04
Signature of Authorized Person Date

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

John H. Pelletier
Assistant Vice President

RECEIVED AND FILED

JUN 14 2004

BY MEW59