



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. 97133		2. Exact name of the limited liability company Now Courier, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MESSENGER/DELIVERY	
5. Principal office address 255 YORK AVE		City PAWTUCKET	State RI. Zip 02860
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT HALKYARD		Contact Title PRESIDENT	
Street Address 35 SURF DR		City BRISTOL	State RI. Zip 02809
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 ROBERT HALKYARD		Manager Name	
Street Address 35 SURF DR		Street Address	
City BRISTOL	State RI.	Zip 02809	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 ROBERT C. HALKYARD		Address	
Address 35 SURF DRIVE		City BRISTOL	Zip 02809

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



File Date	9/19/05 *97133*
Check No.	12251
By:	Jm
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 Authorized Person: Robert C. Halkyard Date: 9-15-05
Print or Type Name of Authorized Person: ROBERT C. HALKYARD



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

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 BLACK)

1. ID No. 97133		2. Exact name of the limited liability company Now Courier, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MESSENGER/DELIVERY			
5. Principal office address 255 YORK AVE		City PAWBUCKET	State RI	Zip 02860	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT HALKYARD			Contact Title PRES		
Street Address 255 YORK AVE		City PAWT	State RI	Zip 02860	
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 ROBERT HALKYARD			Manager Name		
Street Address 35 SURF DR			Street Address		
City BRISTOL	State RI	Zip 02809	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 ROBERT C. HALKYARD			Address		
Address 35 SURF DRIVE			City BRISTOL	Zip 02809	

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



* 9 7 1 3 3 *

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.

File Date 9/22/04
Check No. 11370
By: DA
FOR SECRETARY OF STATE USE ONLY

Robert C. Halkyard 9/20/04
Signature of Authorized Person Date
ROBERT C. HALKYARD
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 97133		2. Exact name of the limited liability company Now Courier, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MESSENGER/DELIVERY			
5. Principal office address 255 YORK AVE		City PAWTUCKET	State RI.	Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT HALKYARD			Contact Title PRES		
Street Address 255 YORK AVE		City PAWTUCKET	State RI.	Zip 02861	
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 ROBERT HALKYARD			Manager Name		
Street Address 35 SURF DR			Street Address		
City BRISTOL	State R.I.	Zip 02809	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 ROBERT C. HALKYARD			Address		
Address 35 SURF DRIVE		City BRISTOL	Zip 02809		

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



File Date 9.9.03
Check No. 9420
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] 9-4-03
Signature of Authorized Person / Date
ROBERT C. HALKYARD
Print or Type Name of Authorized Person



97133

2003

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 97133		2. Exact name of the limited liability company Now Courier, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MESSENGER/DELIVERY			
5. Principal office address 255 YORK AVE		City PAWTUCKET	State RI.	Zip 02861	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBERT HALKYARD			Contact Title PRES		
Street Address 255 YORK AVE		City PAWTUCKET	State RI.	Zip 02861	
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 ROBERT HALKYARD			Manager Name		
Street Address 35 SURF DR			Street Address		
City BRISTOL	State R.I.	Zip 02809	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 ROBERT C. HALKYARD			Address		
Address 35 SURF DRIVE			City BRISTOL	Zip 02809	

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



* 9 7 1 3 3 *

File Date 9.9.03
Check No. 9420
By: Re
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.

Robert C. Halkyard 9-4-03
Signature of Authorized Person Date
ROBERT C. HALKYARD
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 97133		2. Exact name of the limited liability company Now Courier, LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island MESSENGER/DELIVERY	
5. Principal office address 255 YORK AVE		City PAWTUCKET	State R.I. Zip 02860
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT C HALKYARD		Contact Title	
Street Address 255 YORK AVE		City PAWTUCKET	State R.I. Zip 02860
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 ROBERT C. HALKYARD		Manager Name	
Street Address 25 SWEET DRIVE		Street Address	
City BRISTOL	State R.I.	Zip 02809	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 ROBERT C. HALKYARD		Address	
Address 29 POPPASQUASH ROAD		City BRISTOL	Zip 02809

RECEIVED STATE SECRETARY OF STATE
OCT 2 12 08 PM '02

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



* 9 7 1 3 3 *

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.

FILED	
File Date	OCT 02 2002
Check No	By <u>CA 292504</u>
By:	
FOR SECRETARY OF STATE USE ONLY	

Robert C. Halkyard 10-01-02
Signature of Authorized Person Date
ROBERT C. HALKYARD
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 97133

Annual Report for the year 2001

1. The name of the limited liability company is:

Now Courier, LLC

2. The address of the principal office of the limited liability company is:

255 YORK AVE PAWTUCKET R.I. 02860

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: ROBERT C. HALKYARD

29 POPPASQUASH ROAD BRISTOL RI 02809

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: ROBERT C. HALKYARD

PO BOX 3175 PAWTUCKET R.I. 02861

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: DELIVERY

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated 8-28-01

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.



9 7 1 3 3

Now Courier LLC

Exact Name of Limited Liability Company

By

Robert C. Halkyard

President
Title

FOR SECRETARY OF STATE USE ONLY
File Date: 8-27-01
Check No.: 7649
By: ce

Form No. 632
Revised 01/99

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLLC 97133

Annual Report for the year 2000

1. The name of the limited liability company is:

Now Courier, LLC

2. The address of the principal office of the limited liability company is:

255 YORK AVE PAWTUCKET R.I. 02860

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: ROBERT C. HALKYARD

29 POPPASQUASH ROAD BRISTOL RI 02809

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: ROBERT C HALKYARD

255 YORK AVE PAWTUCKET RI 02860

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: MESSAGE DELIVERY

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

ROBERT C. HALKYARD

29 POPPASQUASH RD BRISTOL R.I. 02809

Dated 9-1-00

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.



9 7 1 3 3

Now Courier LLC

Exact Name of Limited Liability Company

By

Robert C Halkyard

PRESIDENT

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-5-00

Check No.: 6776

nmf

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 97133

Annual Report for the year 1999

1. The name of the limited liability company is:

Now Courier, LLC

2. The address of the principal office of the limited liability company is:

255 YORK AVE PAWBUCKET R.I. 02860

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: ROBERT C. HALKYARD

29 POPPASQUASH ROAD BRISTOL, RI 02809

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: ROBERT C. HALKYARD

PO BOX 3175 PAWBUCKET R.I. 02861

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: PARCEL DELIVERY

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

ROBERT C HALKYARD

29 POPPASQUASH RD BRISTOL R.I. 02809

Dated 9-1-99

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.



* 9 7 1 3 3 *

Now Courier LLC

Exact Name of Limited Liability Company

By Robert C. Halkyard

President

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-14-99

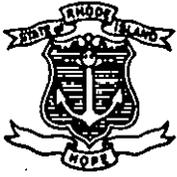
Check No.: 5932

By: AMF

Form No. 632
Revised 01/99

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 97133

Annual Report for the year 1998

1. The name of the limited liability company is:

Now Courier, LLC

2. The address of the principal office of the limited liability company is:

255 YORK AVE PAWTUCKET

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: ROBERT C. HALKYARD

29 POPPASQUASH ROAD BRISTOL, RI 02809

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: ROBERT C. HALKYARD

255 YORK AVE PAWTUCKET R.I. 02860

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: TRANSPORTATION SERVICES

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Dated 8-31, 19 98

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.



* 9 7 1 3 3 *

Now Courier, LLC

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date: 9-28-98

Check No.: 5273

By: RP

By: [Signature]

PRESIDENT

Title

Form No. LLC-19
Revised 8/97