



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. 117120		2. Name of Corporation Wright Logistics, Inc.			
3. Street Address Principal Business Office 310 Bourne Ave			City Rumford	State RI	Zip 02916
4. Business Phone No. 401-721-2151		5. State of Incorporation RHODE ISLAND		6. SIC Code 6395	
7. Brief Description of the Character of Business Conducted in Rhode Island DELIVERY SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen A. Wright			Vice President Name		
Street Address 86 Austin Ave			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Secretary Name Stephen A. Wright			Treasurer Name		
Street Address 86 Austin Ave			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
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) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM \$.01 PAR VALUE			None		

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



FILED

File Date MAR 1 4 2005

Check No. 2

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] 3-10-05
Signature of Officer Date

Stephen A. Wright
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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1. Corporate ID No. 117120		2. Name of Corporation Wright Logistics, Inc.			
3. Street Address Principal Business Office 310 Bourne Ave			City Rumford	State RI	Zip 02916
4. Business Phone No 401-721-2151		5. State of Incorporation RHODE ISLAND		6. SIC Code 6395	
7. Brief Description of the Character of Business Conducted in Rhode Island DELIVERY SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Stephen A. Wright			Vice President Name		
Street Address 86 Austin Ave			Street Address		
City Greenville	State RI	Zip 02828	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
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) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM \$.01 PAR VALUE			None		

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



* 1 1 7 1 2 0 *

File Date 2-10-04
Check No. 2783
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] 2-9-04
Signature of Officer Date
Stephen A. Wright
Print or Type Name of Officer
President
Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **117120**
2. Name of Corporation **Wright Logistics, Inc.**
3. Street Address Principal Business Office
310 Barne Ave
4. Business Phone No. **401-721-2151**
5. State of Incorporation **RHODE ISLAND**
7. Brief Description of the Character of Business Conducted in Rhode Island
Carrier Service

City **Rumford** State **RI** Zip **02916**
6. SIC Code **6395**

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

President Name **Stephen A. Wright**
Street Address **86 Austin Ave**
City **Greenville** State **RI** Zip **02828**
Secretary Name **Stephen A. Wright**
Street Address **86 Austin Ave**
City **Greenville** State **RI** Zip **02828**

Vice President Name
Street Address
City State Zip
Treasurer Name
Street Address
City State Zip

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

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 COMM \$.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
None

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



* 117120 *

4-3-03

File Date: _____

Check No.: **1649**

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 hereon are true and correct.

SA Wright 2-20-03
Signature of Officer Date

Stephen A. Wright
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **117120** 2. Name of Corporation **Wright Logistics, Inc.**
3. Street Address Principal Business Office **47 Carriage Way** City **N. Providence** State **RI** Zip **02904**
4. Business Phone No. **800-966-2151** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6395**

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

Courier Services

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

President Name	Stephen A. Wright	Vice President Name	
Street Address	47 Carriage Way	Street Address	
City	N.Prov	City	
State	RI	State	
Zip	02904	Zip	
Secretary Name	Stephen A. Wright	Treasurer Name	
Street Address	47 Carriage Way	Street Address	
City	N.Prov	City	
State	RI	State	
Zip	02904	Zip	

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

Director Name	Stephen A. Wright	Director Name	
Street Address	47 Carriage Way	Street Address	
City	N.Prov	City	
State	RI	State	
Zip	02904	Zip	
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		Zip	

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 COMM \$0.01 PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
0

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



* 1 1 7 1 2 0 *

File Date: 4/10/02
Check No.: 787
By: sa

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.

Stephen A. Wright 2-28-02
Signature of Officer Date
Stephen A. Wright
Print or Type Name of Officer
President
Title of Officer