



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

# 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 <b>125240</b>		2. Name of Corporation <b>J &amp; M TRANSFER, INC.</b>			
3. Street Address Principal Business Office <b>315 Nooseneck Hill Road</b>			City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
4. Business Phone No <b>401-397-3167</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TRUCK TRANSPORT</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>JOHN SLINEY</b>			Vice President Name <b>MICHAEL SLINEY</b>		
Street Address <b>315 Nooseneck Hill Road</b>			Street Address <b>315 Nooseneck Hill Road</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
Secretary Name <b>JOHN SLINEY</b>			Treasurer Name <b>MICHAEL SLINEY</b>		
Street Address <b>315 Nooseneck Hill Road</b>			Street Address <b>315 Nooseneck Hill Road</b>		
City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>	City <b>Exeter</b>	State <b>RI</b>	Zip <b>02822</b>
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"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>200 NO PAR VALUE</b>			<b>200</b>	<b>Common</b>	<b>1.00</b>
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



File Date	<b>FILED</b>
Check No.	<b>MAR 23 2005 1291</b>
By:	<b>By [Signature]</b>
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]** 1/28/05  
Signature of Officer Date  
**JOHN SLINEY**  
Print or Type Name of Officer  
**President**  
Title of Officer



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>125240</b>		2. Name of Corporation <b>J &amp; M TRANSFER, INC.</b>							
3. Street Address Principal Business Office <b>315 Nooseneck Hill Road</b>				City <b>Exeter</b>		State <b>RI</b>		Zip <b>02822</b>	
4. Business Phone No. <b>401-397-3167</b>			5. State of Incorporation <b>RHODE ISLAND</b>				6. SIC Code		
7. Brief Description of the Character of Business Conducted in Rhode Island <b>TRUCK TRANSPORT</b>									
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS									
President Name <b>JOHN SLINEY</b>					Vice President Name <b>MICHAEL SLINEY</b>				
Street Address <b>315 Nooseneck Hill Road</b>					Street Address <b>315 Nooseneck Hill Road</b>				
City <b>Exeter</b>		State <b>RI</b>		Zip <b>02822</b>		City <b>Exeter</b>		State <b>RI</b>	
Secretary Name <b>JOHN SLINEY</b>					Treasurer Name <b>MICHAEL SLINEY</b>				
Street Address <b>315 Nooseneck Hill Road</b>					Street Address <b>315 Nooseneck Hill Road</b>				
City <b>Exeter</b>		State <b>RI</b>		Zip <b>02822</b>		City <b>Exeter</b>		State <b>RI</b>	
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	
Director Name					Director Name				
Street Address					Street Address				
City		State		Zip		City		State	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>									
AUTHORIZED SHARES									
Number of Shares		Class/Series		Par Value		Number of Shares		Class/Series	
<b>200 NO PAR VALUE</b>						<b>200</b>		<b>Common</b>	
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>									
ISSUED SHARES									
Number of Shares		Class/Series		Par Value		Number of Shares		Class/Series	

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



\* 1 2 5 2 4 0 \*

File Date 2-13-04  
Check No. 1324  
By: De

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 John Hines Date 2/12/04

JOHN SLINEY  
Print or Type Name of Officer  
President

Title of Officer



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

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 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

125240

J & M TRANSFER, INC.

3. Street Address Principal Business Office

315 Nooseneck Hill Road

City

Exeter

State

RI

Zip

02822

4. Business Phone No.

401-397-3167

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Truck transport and any other lawful purpose.

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

President Name

JOHN SLINEY

Street Address

315 Nooseneck Hill Road

City

Exeter

State

RI

Zip

02822

Secretary Name

JOHN SLINEY

Street Address

315 Nooseneck Hill Road

City

Exeter

State

RI

Zip

02822

Vice President Name

MICHAEL SLINEY

Street Address

315 Nooseneck Hill Road

City

Exeter

State

RI

Zip

02822

Treasurer Name

MICHAEL SLINEY

Street Address

315 Nooseneck Hill Road

City

Exeter

State

RI

Zip

02822

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

Director Name

Street Address

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

200 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

common

none

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



\* 1 2 5 2 4 0 \*

File Date: 2.26.03

Check No.: 20846

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]  
Signature of Officer

3-20-03  
Date

JOHN SLINEY

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/02