

(FORM MUST BE TYPED OR PRINTED IN BLACK)

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: Janua y 1 - March 1 • Filing Fee: \$50.00

L. Corporate ID No	2. Name of Corporation					
125240	J & M TRANSFE	R, INC.				
3 Street Address Principal Business Office		City	State	Zip		
315_Nooseneck Hi	ll_Road		Exeter	RI	02822	
4. Business Phone No		5 State of Incorporation		•	6 SIC Code	
401-397-3167	-	RHODE ISLAND				
7. Brief Description of the Character of TRUCK TRANSPORT	f Business Gonducied in Ri	bode Island				
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" ROX FOR ATTAC	CHMENT) TITLE	IN SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name		ATTACHMENTS	
JOHN SLINEY			MICHAEL SLINEY			
Sircet Address		.	Street Address			
315 Nooseneck Hi	ll Road		315 Noosene	ck Hill Road		
City	State	Zip	City	State	2.ip	
Exeter	RI	02822	Exeter	RI	02822	
Secretary Name			Treasurer Name			
JOHN SLINEY			MICHAEL SLI	NEY		
Street Address			Sirect Address			
315 Nooseneck Hi		T	 	ck Hill Road		
City:	State	Zip	City	State	ZIP	
Exeter 9. NAMES AND ADDRESSES	RI	02822	Exeter	RI	02822	
Director Name	OF THE DIRECTORS	SE (X BOX FOR ALL	Director Nume	L IN SPACES BEFORE USIN	G ATTACHMENTS	
			· ·			
Street Address			Street Address			
			•			
City	State	Zψ	Ciry	State	Zip	
		'				
Director Name		······································	Director Name		• • • • • • • • • • • • • • • • • • • •	
Street Address	-		Street Address			
276					 -	
City	State	Zip	Clty	State	Zip	
10. SHARES AUTHORIZED (CHARRE [
AUTHORIZED SHARES	A BOA FOR ALLA	CHMENT)	ISSUED SHARES	O ("X" BOX FOR ATTACHA	1ENI) [
	Class/Series	Par Value	Number of Shares	Class/Scries	than Make	
		, to 1001C	Tunner of Sources	CRASSATIIS	Par Value	
200 NO PAR VALUE			200	Lonnon	lose	
				<u> </u>	- Miller	
This report must be si	ened in ink by eithe	r the President. Vice Pre	esident Secretary Assi	stant Secretary, Treasurer, R	eceiver or Trustee	
•	,		osidenii, Georgiai ji, 7188.	sum Goeretary, Treasorer, N	ecciver of trustee	
	IIOIO IFOOT EILIO ITOLI OL	i ii 98 11 1 88 1				
			Hadar assaltu af	markers I dealers and 100 - the	• 1 b	
				perjury. I declare and affirm that companying schedules and state.		
	-			He have and correct.		
File Date				V V	1128105	
			Signature of Office	7.1.1.1	Date	
			JOHN SLINEY Print or Type Name of Officer			
						By:
FOR SECRETARY OF STAT	TE USE ONLY		President			
			Title of Officer		Form 630 Rev. 12/03	



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

Corporate ID No.	2 Name of Corpore	2 Name of Corporation			
125240		J & M TRANSFER, INC.			
Street Address Principal Business Office 315 Nooseneck H111 Road			City Exeter	State R I	21p 02822
usiness Phone No.		5. State of Incorporation	n	· · · · · · · · · · · · · · · · · · ·	6. SIC Code
401-397-3167			ın		
rief Description of the Character TRUCK TRANSPORT			-		
NAMES AND ADDRESSES	OF THE OFFICE	RS: ("X" BOX FOR AT		N SPACES BEFORE USING	G ATTACHMENTS
ident Name			Vice President Name		
JOHN SLINEY	<u> </u>	<u> </u>	Street Address	NEY	<u> </u>
315 Nooseneck	Hill Road		315 Noosened	ob 8411 Dana	
<u> </u>	State	Zip	: JIJ NOOSENEC	State	Zip
Exeter	RI	02822	Exeter	RI	02822
mary Name JOHN SLINEY			Treasurer Name MICHAEL SLIN		·····
n Address	-		Street Address	(P. I	-
315 Nooseneck B	iill Road		315 Noosenec	k Hill Road	
	State	Z(p	Clty	State	Zip
Exeter	RI	02822	Exeter	RI	02822
AMES AND ADDRESSES	OF THE DIRECT	ORS: ("X" BOX FOR A	Director Name	IN SPACES BEFORE USI	NG ATTACHMEN
Address		<u> </u>	Street Address		
	State	Zip	City	State	Zip
	<u>.</u>	.			
tor Name			Director Name		
1 Addres			Street Address		<u>.</u>
	State	Zip	City	State	Zip
SHARES AUTHORIZED	 ("X" BOX FOR A	 TTACHMENT)	: 11. SHARES ISSUED ISSUED SHARES	("X" BOX FOR ATTACE	HMENT) 🗌
nber of Shares	Class/Scries	Par Value	Number of Shares	Class/Series	Par Value
200 NO PAR VALUE		200	Common	None	
					

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and af including any accompanying schedules a contained hereinale true and correct.	•
John Hliner	2/12/04
Signature of Officer	Date
JOHN SLINEY	
Print or Type Name of Officer	
President	
Tule of Officer	

2. Name of Corporation

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

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

125240	J & M TRANS	FER. INC.			
3. Street Address Principal Business Op			City	State	Zip
315 Nooseneck 4. Business Phone No.	Hill Road	5. State of Incorporation	Exeter	RI	02822 6. SIC Code
401-397-3167 7. Brief Description of the Character of	f Business Conducted in)	RHODE ISLAND			
Truck transpor 8. NAMES AND ADDRESSI President Name	t and any otl	her lawful purpo ERS (*x* BOX FOR ATTACE	Se . IMENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
JOHN SLINEY Street Address			MICHAEL SL	INEY	
315 Nooseneck	Hill Road		315 Noosene	eck Hill Road	
City	State	Zip	City	State	Zip
Exeter Secretary Name	RI	02822	Exeter Treasurer Name	, RI	02822
JOHN SLINEY Street Address			MICHAEL SL	INEY	
315 Nooseneck	Hill Road		315 Noosene	eck Hill Road	
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSI Director Name	S OF THE DIREC	CTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPAC Director Name	ES BEFORE USING ATTA	CHMENTS
Street Address			Street Address		
City	State	Zip	Clty	State	Zip
Director Name		,	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTAC	CHMENT)	11. SHARES ISSUED	(°X° BOX FOR ATTACHMENT	9
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Sertes	Par Value
200 NO PAR VALUE			200	common	none
·	Class/Series		·		Par Valu

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:	2.76.03
Check No.:	27846
Ву:	
FOR SECRETARY OF	STATE LISE 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. 3-20-03 igrature of Officer JOHN SLINEY Print or Type Name of Officer

President

Title of Officer <\$ 5 × 5