



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. 102977		2. Name of Corporation RIVET'S TRAILER & TRUCK BODY REPAIRS, INC.			
3. Street Address Principal Business Office 635 BLACK HUT RD			City GLENDALE	State RI	Zip 02826
4. Business Phone No. 401-568-7050		5. State of Incorporation RHODE ISLAND		6. SIC Code 2881	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE GENERAL REPAIRS OF TRAILER AND TRUCKBODIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DENNIS R. RIVET			Vice President Name BETH P. RIVET		
Street Address 635 BLACK HUT RD			Street Address 635 BLACK HUT RD		
City GLENDALE	State RI	Zip 02826	City GLENDALE	State RI	Zip 02826
Secretary Name DENNIS R. RIVET			Treasurer Name BETH P. RIVET		
Street Address 635 BLACK HUT RD			Street Address 635 BLACK HUT RD		
City GLENDALE	State RI	Zip 02826	City GLENDALE	State RI	Zip 02826
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
1,000 NO PAR VALUE			NONE		

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



File Date 2/15/05
Check No. 2608
By: DA
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.

BETH P. RIVET 2.14.05
Signature of Officer Date
BETH P. RIVET
Print or Type Name of Officer
VICE PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 102977		2. Name of Corporation RIVET'S TRAILER & TRUCK BODY REPAIRS, INC.			
3. Street Address Principal Business Office 635 BLACK HUT RD			City GLENDALE	State RI	Zip 02824
4. Business Phone No. 401-508-7050		5. State of Incorporation RHODE ISLAND		6. SIC Code 2881	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE GENERAL REPAIRS OF TRAILER AND TRUCKBODIES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DENNIS R. RIVET			Vice President Name BETH P. RIVET		
Street Address 635 BLACK HUT RD			Street Address 635 BLACK HUT RD		
City GLENDALE	State RI	Zip 02824	City GLENDALE	State RI	Zip 02824
Secretary Name DENNIS R RIVET			Treasurer Name BETH P. RIVET		
Street Address 635 BLACK HUT RD			Street Address 635 BLACK HUT RD		
City GLENDALE	State RI	Zip 02824	City GLENDALE	State RI	Zip 02824
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
1,000 NO PAR VALUE			NONE		

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



* 1 0 2 9 7 7 *

File Date 3/15/04
Check No. 2537
By: SC
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 Beth P Rivet Date 3/1/04
Print or Type Name of Officer Beth P Rivet
Title of Officer Vice President



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. 102977 2. Name of Corporation RIVET'S TRAILER & TRUCK BODY REPAIRS, INC.
3. Street Address Principal Business Office 635 BLACK HUT RD City GLENDALE State RI Zip 02826
4. Business Phone No. 401-568-7050 5. State of Incorporation RHODE ISLAND 6. SIC Code 2881

7. Brief Description of the Character of Business Conducted in Rhode Island
REPAIR TRAILERS + TRUCK BODIES

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

President Name <u>DENNIS RIVET</u> Street Address <u>635 BLACK HUT RD</u> City <u>GLENDALE</u> State <u>RI</u> Zip <u>02826</u>	Vice President Name <u>BETH RIVET</u> Street Address <u>635 BLACK HUT RD</u> City <u>GLENDALE</u> State <u>RI</u> Zip <u>02826</u>
Secretary Name <u>DENNIS RIVET</u> Street Address <u>635 BLACK HUT RD</u> City <u>GLENDALE</u> State <u>RI</u> Zip <u>02826</u>	Treasurer Name <u>BETH RIVET</u> Street Address <u>635 BLACK HUT RD</u> City <u>GLENDALE</u> State <u>RI</u> Zip <u>02826</u>

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

Director Name <u>NONE</u> Street Address City _____ State _____ Zip _____	Director Name <u>NONE</u> Street Address City _____ State _____ Zip _____
Director Name <u>NONE</u> Street Address City _____ State _____ Zip _____	Director Name <u>NONE</u> Street Address City _____ State _____ Zip _____

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<u>1,000</u>	<u>NO</u>	<u>PAR VALUE</u>

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<u>NONE</u>		
<u>NONE</u>		

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



* 1 0 2 9 7 7 *

File Date: 1-31-03
Check No.: 2375
By: [Signature]

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] 1-28-03
Signature of Officer Date
Beth Rivet
Print or Type Name of Officer
Vice President / Treasurer
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. **102977** 2. Name of Corporation **RIVET'S TRAILER & TRUCK BODY REPAIRS, INC.**
3. Street Address Principal Business Office **635 BLACK HUT RD** City **GLENDALE** State **RI** Zip **02826**
4. Business Phone No. **401-568-7050** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2881**

7. Brief Description of the Character of Business Conducted in Rhode Island
REPAIR TRAILERS + TRUCK BODIES

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

President Name DENNIS RIVET Street Address 635 BLACK HUT RD City GLENDALE State RI Zip 02826	Vice President Name BETH RIVET Street Address 635 BLACK HUT RD City GLENDALE State RI Zip 02826
Secretary Name DENNIS RIVET Street Address 635 BLACK HUT RD City GLENDALE State RI Zip 02826	Treasurer Name BETH RIVET Street Address 635 BLACK HUT RD City GLENDALE State RI Zip 02826

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

Director Name NONE Street Address NONE City State Zip	Director Name NONE Street Address NONE City State Zip
Director Name NONE Street Address NONE City State Zip	Director Name NONE Street Address NONE City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 NO 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



* 1 0 2 9 7 7 *

File Date: 4/5/02
Check No.: 2218
By: GMA

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: Beth Rivet Date: 1/30/02
Print or Type Name of Officer: Beth P Rivet
Title of Officer: Vice President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102977** 2. Name of Corporation **RIVET'S TRAILER & TRUCK BODY REPAIRS, INC.**

3. Street Address Principal Business Office **635 Black Hut Rd** City **Glendale** State **RI** Zip **02826**

4. Business Phone No. **401-568-7050** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2881**

7. Brief Description of the Character of Business Conducted in Rhode Island
Repairs of Trailers + Truck Bodies

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

President Name Dennis R. Rivet	Vice President Name Beth P. Rivet
Street Address 635 Black Hut Rd	Street Address 635 Black Hut Rd
City Glendale State RI Zip 02824	City Glendale State RI Zip 02826

Secretary Name Dennis R. Rivet	Treasurer Name Beth P. Rivet
Street Address 635 Black Hut Rd	Street Address 635 Black Hut Rd
City Glendale State RI Zip 02826	City Glendale State RI Zip 02826

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

Director Name None	Director Name None
Street Address	Street Address
City	City
State	State
Zip	Zip

Director Name None	Director Name None
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
1,000 NO 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



* 1 0 2 9 7 7 *

3/2

File Date: _____

Check No.: **2068**

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] 1-30-01
Signature of Officer Date

Beth P. Rivet
Print or Type Name of Officer

Vice President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102977** 2. Name of Corporation **RIVET'S TRAILER & TRUCK BODY REPAIRS, INC.**

3. Street Address Principal Business Office **635 Black Hut Rd** City **Glendale** State **RI** Zip **02826**

4. Business Phone No. **401-508-7050** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2881**

7. Brief Description of the Character of Business Conducted in Rhode Island
Repair of Trailer + Truck Bodies.

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

<p>President Name Dennis Rivet Street Address 635 Black Hut Rd City Glendale State RI Zip 02826</p>	<p>Vice President Name Beth P Rivet Street Address 635 Black Hut Rd City Glendale State RI Zip 02826</p>
<p>Secretary Name Dennis Rivet Street Address 635 Black Hut Rd City Glendale State RI Zip 02826</p>	<p>Treasurer Name Beth P. Rivet Street Address 635 Black Hut Rd. City Glendale State RI Zip 02826</p>

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

<p>Director Name NONE Street Address City _____ State _____ Zip _____</p>	<p>Director Name NONE Street Address City _____ State _____ Zip _____</p>
<p>Director Name NONE Street Address City _____ State _____ Zip _____</p>	<p>Director Name NONE Street Address City _____ State _____ Zip _____</p>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO	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



* 1 0 2 9 7 7 *

File Date: 1-26-00
Check No.: 912
By: AMF

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: Beth P Rivet Date: 1/15/2000
Print or Type Name of Officer: Beth P. Rivet
Title of Officer: Vice President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **102877** 2. Name of Corporation **RIVET'S TRAILER & TRUCK BODY REPAIRS, INC.**

3. Street Address Principal Business Office **635 Black Hut Road** City **Glendale** State **RI** Zip **02826**
4. Business Phone No. **401-568-7050** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **2881**

7. Brief Description of the Character of Business Conducted in Rhode Island
Repair Trailer and Truck Bodies

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

President Name Dennis R. Rivet	Vice President Name Beth P. Rivet
Street Address 635 Black Hut Rd.	Street Address 635 Black Hut Rd
City Glendale State RI Zip 02826	City Glendale State RI Zip 02826
Secretary Name Dennis R. Rivet	Treasurer Name Beth P. Rivet
Street Address 635 Black Hut Rd	Street Address 635 Black Hut Rd
City Glendale State RI Zip 02826	City Glendale State RI Zip 02826

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

Director Name NONE	Director Name NONE
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name NONE	Director Name NONE
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
1,000 NO PAR VALUE

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

ISSUED SHARES **NONE**
Number of Shares Class/Series Par Value
NONE
NONE

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



File Date: **Feb 3, 99**
Check No.: **807**
By: **JD.**

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 **Beth P. Rivet** Date _____
Print or Type Name of Officer **Beth P. Rivet**
Title of Officer **Vice President**