



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
401.222.3010

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. 401-508-7050		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 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



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 2004

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 02824
4. Business Phone No 401-568-2050		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 8881
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 Per Value
1,000 NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Per Value
NONE
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: 1-31-03

Check No: 02375

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] 1-28-03
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 HLT 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 HLT 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 HLT 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 HLT 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 HLT 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 <u>NONE</u> City _____ State _____ Zip _____	Director Name <u>NONE</u> Street Address <u>NONE</u> City _____ State _____ Zip _____
Director Name <u>NONE</u> Street Address <u>NONE</u> City _____ State _____ Zip _____	Director Name <u>NONE</u> Street Address <u>NONE</u> 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. 2018
By: GMA
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 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 None	Street Address None
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Director Name None	Director Name None
Street Address None	Street Address None
City _____ State _____ Zip _____	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 *

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



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

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

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. 401-508-9050 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

President Name <u>Dennis Rivet</u>	Vice President Name <u>Beth P Rivet</u>
Street Address <u>635 Black Hut Rd</u>	Street Address <u>635 Black Hut Rd</u>
City <u>Glendale</u> State <u>RI</u> Zip <u>02826</u>	City <u>Glendale</u> State <u>RI</u> Zip <u>02826</u>
Secretary Name <u>Dennis Rivet</u>	Treasurer Name <u>Beth P. Rivet</u>
Street Address <u>635 Black Hut Rd</u>	Street Address <u>635 Black Hut Rd.</u>
City <u>Glendale</u> State <u>RI</u> Zip <u>02826</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>	Director Name <u>NONE</u>
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name <u>NONE</u>	Director Name <u>NONE</u>
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



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

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 1/15/2000
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 1999

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 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 <u>Dennis R. Rivet</u>	Vice President Name <u>Beth P. Rivet</u>
Street Address <u>635 Black Hut Rd.</u>	Street Address <u>635 Black Hut Rd</u>
City <u>Glendale</u> State <u>RI</u> Zip <u>02826</u>	City <u>Glendale</u> State <u>RI</u> Zip <u>02826</u>
Secretary Name <u>Dennis R. Rivet</u>	Treasurer Name <u>Beth P. Rivet</u>
Street Address <u>635 Black Hut Rd</u>	Street Address <u>635 Black Hut Rd</u>
City <u>Glendale</u> State <u>RI</u> Zip <u>02826</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>	Director Name <u>NONE</u>
Street Address	Street Address
City State Zip	City State Zip
Director Name <u>NONE</u>	Director Name <u>NONE</u>
Street Address	Street Address
City State Zip	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 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. *[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 _____ Date _____
Beth P. Rivet
Print or Type Name of Officer _____
Vice President
Title of Officer _____