



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 133144		2. Exact name of the limited liability company A & R TRAILER RENTAL, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island RENTAL OF TRUCK TRAILERS			
5. Principal office address 67 Roy Avenue		City Woonsocket,	State RI	Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Albert R. Gagnon			Contact Title Owner		
Street Address 67 Roy Avenue		City Woonsocket,	State RI	Zip 02895	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name ALBERT GAGNON			Address		
Address 67 ROY AVENUE		City WOONSOCKET	Zip 02895		

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	10/17/05	133144*
Check No.	1257	
By:		
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.

Albert R. Gagnon 10/13/05
Signature of Authorized Person Date

Albert R. Gagnon
Print or Type Name of Authorized Person



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1. ID No. 133144		2. Exact name of the limited liability company A & R TRAILER RENTAL, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Rental of truck trailers			
5. Principal office address 67 Roy Avenue		City Woonsocket,	State RI	Zip 02895	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Albert R. Gagnon			Contact Title Owner		
Street Address 67 Roy Avenue		City Woonsocket,	State RI	Zip 02895	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
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Address 67 ROY AVENUE		City WOONSOCKET		Zip 02895-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 3 3 1 4 4 *

File Date 9/20/04
Check No. 1130
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.

Albert R. Gagnon 9/13/04
Signature of Authorized Person Date

Albert R. Gagnon

Print or Type Name of Authorized Person