

AMENDED.



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 2003


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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 83346		2. Name of Corporation MCD AIR TRANSPORT, INC.			
3. Street Address Principal Business Office 25 North Crow Point Road		City Lincoln	State RI	Zip 02865	
4. Business Phone No. (401) 724-5300		5. State of Incorporation Rhode Island		6. SIC Code 6395	
7. Brief Description of the Character of Business Conducted in Rhode Island General goods and commodities transportation by freight					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Olivia M. Marcello		Vice President Name Julian M. Marcello, Jr.			
Street Address 1536 Scituate Avenue		Street Address 25 North Crow Point Road			
City Cranston	State RI	Zip 02921	City Lincoln	State RI	Zip 02865
Secretary Name Charles Baggeson		Treasurer Name Julian M. Marcello, Jr.			
Street Address 25 North Crow Point Road		Street Address 25 North Crow Point Road			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Olivia M. Marcello		Director Name None			
Street Address 1536 Scituate Avenue		Street Address None			
City Cranston	State RI	Zip 02921	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	\$10.00 PAR VALUE		1,000	Common	\$10

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

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.

 10/10/03
Signature of Officer Date
Olivia M. Marcello
Print or Type Name of Officer
President
Title of Officer

File Date 10/14/03
Check No.
By: CC
FOR SECRETARY OF STATE USE ONLY