



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. 119248		2. Exact name of the limited liability company UNI-TRANS TRANSPORTATION, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TRUCKING COMPANY			
5. Principal office address 204 HIGH STREET		City MANVILLE	State RI	Zip 02838	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Emile Giguere Jr			Contact Title MEMBER		
Street Address PO Box 43		City MANVILLE	State RI	Zip 02838	
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 SCOTT VARGAS			Manager Name		
Street Address PO Box 43			Street Address		
City MANVILLE	State RI	Zip 02838	City	State	Zip
Manager Name Emile Giguere Jr.			Manager Name		
Street Address 17 Pocco Drive			Street Address		
City BLACKSTONE	State MA.	Zip 01504	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 SCOTT VARGAS			Address 204 High Street		
Address 224 HIGH STREET			City MANVILLE	Zip 02838	

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



File Date 9/30/05 119248*

Check No. 2588

By: CV

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.

Scott Vargas 9/28/05
Signature of Authorized Person Date

SCOTT VARGAS
Print or Type Name of Authorized Person



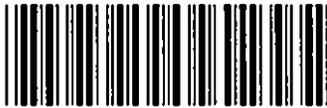
LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119248		2. Exact name of the limited liability company UNI-TRANS TRANSPORTATION, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TRUCKING COMPANY			
5. Principal office address 224 HIGH STREET		City MANVILLE	State RI	Zip 02838	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name SCOTT VARGAS			Contact Title MANAGER		
Street Address 224 HIGH STREET		City MANVILLE	State RI	Zip 02838	
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 SCOTT VARGAS			Manager Name EMILE GIGUERE JR.		
Street Address 224 HIGH STREET		Street Address 17 ROLL DRIVE			
City MANVILLE	State RI	Zip 02838	City BLAIRSTONE	State MA	Zip 01504
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 EMILE GIGUERE, JR.			Address		
Address 128 WEST WRENTHAM ROAD			City CUMBERLAND	Zip 02864	

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



* 1 1 9 2 4 8 *

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.
OCT 28 11 35 AM '04

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 Authorized Person _____ Date 10/25/04
SCOTT VARGAS
Print or Type Name of Authorized Person

File Date OCT 28 2004
Check No. BYM 48649 Gms
By: _____
FOR SECRETARY OF STATE USE ONLY



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119248		2. Exact name of the limited liability company UNI-TRANS TRANSPORTATION, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island TRUCKING COMPANY			
5. Principal office address 224 High Street		City Manville	State RI	Zip 02838	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Emile Giguere Jr			Contact Title President		
Street Address P.O. Box 43		City MANVILLE	State RI	Zip 02838	
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 Emile Giguere Jr			Manager Name Scott Vargas		
Street Address P.O. Box 43		Street Address 224 High Street			
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
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 EMILE GIGUERE, JR.			Address		
Address 128 WEST WRENTHAM ROAD			City CUMBERLAND	Zip 02864	

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



* 1 1 9 2 4 8 *

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.

File Date 10/16/03
Check No. 217
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Emile Giguere Jr OCT, 10, 2003
Signature of Authorized Person Date
Emile Giguere JR
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119248		2. Exact name of the limited liability company UNI-TRANS TRANSPORTATION, L.L.C.			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island Trucking Company			
5. Principal office address 128 West Wrentham Rd		City Cumberland	State RI	Zip 02864	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Emile Giguere Jr		Contact Title President			
Street Address 128 West Wrentham Rd		City Cumberland	State RI	Zip 02864	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS (X) BOX FOR ATTACHMENT ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Emile Giguere Jr		Manager Name Scott Vargas			
Street Address 128 West Wrentham Rd		Street Address 224 High Street			
City Cumberland	State RI	Zip 02864	City Providence	State RI	Zip 02838
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 CHARLES M. VACCA, JR. ESQ.		Address			
Address 128 WEST WRENTHAM ROAD		City CUMBERLAND	Zip 02864		

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



* 1 1 9 2 4 8 *

File Date	9-4-02
Check No.	1391
By:	<i>Emile Giguere Jr</i>
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.

Emile Giguere Jr 9-3-02
Signature of Authorized Person Date
Emile Giguere Jr
Print or Type Name of Authorized Person