

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

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate II) No. 2. Name of Corporation 82449 Virginia Transportation Corp. 3. Street Address Principal Business Office City State Zip 1660 FLAT RIVER ROAD COVENTRY RI 02816-4. Business Phone No. 5. State of Incorporation 6. SIC Code 4019420300 **RHODE ISLAND** 6650 7. Brief Description of the Character of Business Conducted in Rhode Island TO TRANSPORT, TOW AND OTHERWISE CARRY AUTOMOBILES, TRUCKS AND ALL OTHER COMMODITIES. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Leo H. C. Doire, Jr. · Leo H. C. Doire, Jr. Street Address Street Address 1660 FLAT RIVER ROAD . 1660 FLAT RIVER ROAD City State Žip Cin State Zip COVENTRY RI 02816 COVENTRY RI 02816 Secretary Name Treasurer Name Leo H. C. Doire, Jr. Leo H. C. Doire, Jr. Street Address Street Address 1660 FLAT RIVER ROAD 1660 FLAT RIVER ROAD City State Zip *Ciny State Zip COVENTRY RI 02816 . COVENTRY RΙ 02816 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Leo H. C. Doire, Jr. Street Address · Street Address 1660 FLAT RIVER ROAD State Zip City State Zip COVENTRY RΙ 02816 Director Name Director Name Street Address · Street Address City State Zip .City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES SSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 600 COMM NO PAR VALUE NONE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of periory, Ideclare and affirm that I nave examined this report, including the accompanying schedules and statements, Adeclare and affirm that I have examined *82449 DBC 01/11/05 11:10:47 AM* and that med herein are true and correct. File Date Signature of Officer Check No. Leo H. Q. Doire, Jr. Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY

Title of Officer

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January FORM MUST BE TYPED II		iling Fee: \$50.00			
1. Corporate ID No.	2. Name of Corpo				
82449	, –	sportation Corp.			
3. Street Address Principal Bu	**		City	State	Zip
1600 FLAT RIVER	ROAD		COVENTRY	RI	02816-
4. Business Phone No.		5. State of Incorporati			6. SIC Code
4019420300		RHODE ISLAI	ND		6650
7. Brief Description of the Ch TO TRANSPORT, TOW	naracter of Business Con AND OTHERWISE	ducted in Rhode Island CARRY AUTOMOBILES	, TRUCKS AND ALL OTH	ER COMMODITIES.	
8. NAMES AND ADDRI	ESSES OF THE OF	TICERS ("X" BOX FOR.	ATTACHMENT) FILL IN S	PACES BEFORE USING A	TTACHMENTS
Leo H. C. Doire,	Jr.		· Leo H. C. Doir	e, Jr.	
Street Address			Street Address		
1600 Flat River	Rd.		.1600 Flat Rive	r Rd.	
City	State	Zip	City	State	Zip
Coventry	RI	02816	·Coventry	RI	02816
Secretary Name	• • • • • • • • • • • •		Treasurer Name		· · · · · · · · · · · · · · · · · · ·
Leo H. C. Doire,	Jr.		Leo H. C. Doir	e, Jr.	
Street Address			* Street Address		
1600 Flat River	Rd.		.1600 Flat Rive	r Rd.	
City	State	.Zıp	*City	State	(Zip
Coventry	RI	02816	Coventry	RI	02816
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT) [FILL IN	SPACES BEFORE USING	
Director Name			Director Name	3 / 1	
Leo H. C. Doire,	Jr.		•	•	4
Street Address	· 		Street Address		
1600 Flat River	Rd.		•		
City	State	Zip	·City	State	7:-
Coventry	RI	02816	•)	Zip
Director Name			Director Name		
The state of the s			* Director Name		
Street Address			Street Address		
			A STREET PROUTESS		
City	State	Zip	.City	State	iZip
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This report must be sig	ned in ink by eith	er the President, Vice	President, Secretary, Ass	istant Secretary, Treas	urer, Receiver or Trustee
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ا امه دا		_	Signature of Officer	, , v , v , v , v , v , v , v , v , v ,	Date
Check No. 1559		_		Oøire, Jr.	
10	-		Print or Type Name of		
_ []		ı	The or Type Hame	9 17/1400	

President

Title of Officer

2. Name of Corporation

Virginia Transportation Corp.

2. Corporate ID No.

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2003 OFIT COPPORATION ANNUAL PEROPT FOR THE F

Filing Period: January 1-March 1 •	FOR THE	YEAR
(FORM MUST BE TYPED OR PRINTED IN BLACK)		

3. Street Address	Principal Business Of	fice				City		State		Zip	
4. Business Phone	· Na.	1600 F	lat Rive		of Incorporation	(Coventry	RI		02816 6. SIC Code	
	942-	0300			ODE ISLAND					6650	
2. Brief Description	n of the Character o	f Business Cond	ucted in Rh	node Island	ODE ISLAND					0050	
			Тга	insport, to	w & carry car	s, truck	s & other comπ	nodities and for a	ll other lawf	ful business pu	проѕе
8. NAMES A President Name	ND ADDRESSI	S OF THE	OFFICE	RS ("X" B	OX FOR ATTACH		FILL IN SPACE	S BEFORE USING		ENTS	
	Leo H. C. Do	ire, Jr.						Leo H. C. Do	oire, Jr.		
Street Address	1600 Flat I	River Road				Street A	ddress	1600 Flat Rive	r Road		
City	Coventry	State RI		^{Zip} 028	16	City	Coventry	State RI		^{Zip} 02816	
Secretary Name						Treasure	er Name				
Street Address	Leo	H, C. Doire	e, Jr.			Street A	ddress	Leo H. C. D	oire, Jr.		
City:	160	O Flat River	Road	Zip		City-		1600 Flat Rive	r Road	Zip	
9. NAMES A Director Name	Coventry ND ADDRESSI		RI DIRECT	rors (*x	02816 BGX FOR ATTAG	CHMENT) Director		try CES BEFORE USI	RI ng attach	028 IMENTS	16
Street Address	Leo H. C. De	oire, Jr.	,			Street A	dáress				٠.
	1600 Flat Ri										
City		State		Zip		City		State -	. •	Zip	
Director Name	Coventry		RI		02816	Director	Name				
Street Address						Street A	ddress				
City		State		Zip		City		State		2ip	
10. SHARES	AUTHORIZED	("X" BOX FO	R ATTACE	(MENT)		11. SI		("X" BOX FOR ATT	ACHMENT)		
Number of Shares		Class/Series		Par Valu	e	Number	of Shares	Class/Serie	ı	Par Vulue	
600 COMM	NO PAR VALUE										
	/ AN TALUE	•				N	one				
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 8 2 4 4 9 *	Under penalty of perfury declare and affirm that I have examined this report, including any affirm panying schedules and statements.
File Date:	4.18.03	that all stiments contained brein are true and correct
Check No	1147	Signature of Officer Price
Bv:	I(P	Print or Type Name of Officer President
FOR SECRETARY	OF STATE USE ONLY	President



Edward S. Inman, III. Section Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

2002

CHUKM MUST BE	TYPED IN RLACK)							
I. Corporate ID No	,	2. Name of Go	rporation					\ <u></u> /
82449		Virginia	Transp	ortation C	orp.			
3. Street Address Pi	incipal Business Offic		lmwoo	d Ave.		Cranston	State RI	^{Zip} 02910
1. Business Phone i	No. 942-	0300			Incorporation ODE ISLAND			6. SIC Code 6650
7. Brief Description	of the Character of R	usiness Condu	rted in Rh Tran	ode Island ISPORT, TOV	v & carry cars	s trucks and other comm	odities and for all oth	er lawful business purpose
B. NAMES AN President Name	ID ADDRESSES	OF THE (FFICE	R\$ ("X" BC	X FOR ATTACH	MENT) FILL IN SPACES Vice President Name	BEFORE USING ATTA	ACHMENTS
Street Address	Leo H. C. Do	ire, Jr.				Street Address	Leo H. C.	Doire, Jr.
City	1559 Elmwoo	d Ave. Siale		Ζίρ		City	1559 Elmi	wood Ave.
ecretary Name	Cranston	RI		0291	0 ,	Cranston Teasurer Name	ŖŢ	02910
	Leo	H. C. Doire	, Jr.				Leo H. C.	Doire, Jr.
treet Address	1559 Elmwood Ave.					Street Address	1660 F1-	
lity		State	Avc.	Zip		City	1559 Elmi State	wood Ave.
•	Cranston		RJ		02910	Cransto		•
9. NAMES AN Director Name	D ADDRESSES		DIRECT	ORS (*x*	BOX FOR ATTAC	CHMENT) FILL IN SPAC Director Name	ES BEFORE USING AT	·
	Leo H. C. Do	ire, Jr.						
treet Address	1559 Elmwoo	d Ave.				Street Address		
City	Cranston	State	RI	Zip	02910	City	State	Zip
Virector Name						Director Name		
treet Address						Street Address		
Tity		State		Zip		City	State	ZIp
O. SHARES A	UTHORIZED (*	X" BOX FOR	ATTACH	MENT)		11. SHARES ISSUED ("X" BOX FOR ATTACHME	(TN
lumber of Shares		Class/Series		Par Value		Number of Shares	Class/Series	Par Value
600 COMM I	NO PAR VALUE			•	•	None	N	UZYIU



File Date:	4.2.62	
Check No.:	913	
By:	2	
	Y OF STATE USE ONLY	

	^
	declare and affirm that I have examined
this report, including any	companying schedules and statements, and
that all speciments contain	he herein are true and correct.
Signature of Officer Leo	H. C. Doire, Jr.
Print or Type Name of Officer	
Pre	sident

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

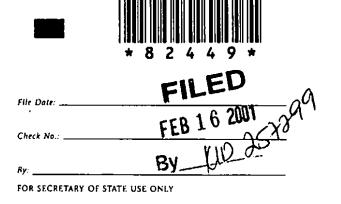
(FORM	MUST	BΕ	TYPED	IN	BLACK)
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1. Corporate ID No. 82449 2. Name of Carporation

Virginia Transportation Corp.

3. Street Addre	ss Principal Busini	ess Office	1559 Elm	wood Av	re.	City	Cranstor	State 1	RJ.	Zip	0291
4. Business Pho	one No.	942-030	00		te of Incorporation ODE ISLAND					6 8850	te h
7. Brief Descrip	otion of the Charac	cter of Business	Conducted in	Rhode Islani		-	ort, tow, and other				ouiér,
8. NAMES President Name			THE OFFICE. Doire Jr.		COMMO BOX FOR ATTACHE	MENT)	C. And for all oth FILL IN SPACES I	BEFORE US	ousiness purpos SING ATTACHM C. Doire Jr.	IENTS .	TACKET OF THE
Street Address	1559]	Elmwood A	Ave.			Street Ad	ldress	1559 E	mwood Ave.	33	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
City	Crans	ton State	R.I	Zip	02910	City	Cranston	State	RI	zio 🚊	02910
Secretary Name	•	Leo H.C	. Doire Jr.			Treasurer	Name	Leo H.C	C. Doire Jr.	•	
Street Address	155	9 Elmwood	l Avc.			Street Ad	ldress	1559 E	mwood Avc.		
City	Cranston	· State	RI _.	Zip	02910	City	Cranston	State	Rļ	zi , 02910)
9. NAMES	AND ADDRI	ESSES OF	THE DIRE	CTORS (X° BOX FOR ATTAC	CHMENT) Director		S BEFORE	USING ATTACH	IMENTS	
	Leo H	l.C. Doire I	ir.								
Street Address	1559	Elinwood A	Ave.			Street Ad	ldress				
City (Cranston	State	RI	Zip (02910	City		State	•	Zip	
Director Name		•			•	Director	Name		•		•
Street Address						Street Ad	ldress				
City		State		Zip		City		State		Zip	
10. SHARE	S AUTHORIZ	ZED (*x* 80	X FOR ATTA	CHMENT)		11. SH	ARES ISSUED (*	X" BOX FOR	ATTACHMENT)		
Number of Sha	res	Class/	Series	Par V	alue	Number	of Shares	Class/	Series	Par Value	
600 C0	MM NO PA	R VALUE				o					

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



PAID

FOR SECRETARY OF STATE USE ONLY

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

1. Corporate ID No.

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

Zip

2000 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

State

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

1559 Elmwood Avenue Cranston 02910 RΙ 4. Business Phone No. S. State of incorporation RHODE ISLAND 6. 8858° 274-9900 7. Brief Description of the Character of Business Conducted in Rhode Island To transport, tow, and otherwise carry automobiles trucks and other commodities, and for any other lawful purpose. 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Leo H.C. Doire, Jr. Leo H.C. Doire, Jr. Street Address Street Address 1559 Elmwood Avenue 1559 Elmwood Avenue Zio State Cranston RI 02910 Cranston RΙ 02910 Secretary Name Treasurer Name Leo H.C. Doire, Jr. Leo H.C. Doire, Jr. Street Address Street Address 1559 Elmwood Avenue 1559 Elmwood Avenue City State Zio RI 02910 02910 Cranston Cranston RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Leo H.C. Doire, Jr. Street Address Street Address 1559 Elmwood Avenue Zip State Zip 02910 Cranston Director Name Director Name Street Address Street Address State City Zio City State ZIp 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESTUFED SHARES Class/Series Number of Shares Par Value Number of Shares Class/Series Par Value 600 SHS COMMON NO PAR VAL None This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

> Leo H.C. Doire Print or Type Name of Officer President Title of Officer

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

that all slatements contained heroth are true and correct.



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 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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ORM MUST BE TYPED IN B					
orporate ID No.	2. Name of Corpora				
82449		RANSPORTATION,			
treet Address Principal Busine			City	State	Zip
222 Lincolr Jusiness Phone No.	Avenue	5. State of Incorporation	Warwick	RI	0288 <u>8</u>
		RHODE ISLA			6. SIC Code 7
942-3666	ter of Business Conducted i				
wake and oth	er commodit	ies and for	nsport, tow, an any other lawfu	d otherwise	carry automo
			CHMENT) TILL IN SPACES		CHMENTS
ildent Name			: Vice President Name		
Leo H.C. Do	ire, Jr.		Leo H.C. Do	ire. Jr.	
eet Address			Street Address		
222 Lincoln	Avenue		222 Lincoln	Avenue	•
ty	State	1 Zip	City	State	Zip
Warwick	RI	, 02888	Warwick	RI	02888
retary Name			: Treasurer Name	•••••••	
LeonH.C. Do	ire, Jr.		: Leo H.C. Do	ire, Jr.	4
eet Address			Street Address	· 	•
222 Lincoln	_	- · · · ·	222 Lincoln	::Avenue	
y	State	Zip	Ciry	State	Zip
Warwick	RI	02888	Warwick	RI	02888
NAMES AND ADDRI	ESSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPAC	ES BEFORE USING AT	TACHMENTS
			, Director Name		•
Leo H.C. Do	ire' ar.	. 	Street Address		
222 Lincoln	Avenue		Sireet Address		
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	INO PAR TAL		None		
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James R. Langevin, Secretary of State 7'7 Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82449

VIRGINIA TRANSPORTATION, INC.

3. Street Address Principal Business (Office		City	State	Zip
1559Elmwood Av	enue		Cranston	RI	02910
4. Business Phone No.		S SINGUE ISLA	dν		6. SIC Code 6650
942 3666 7. Brief Description of the Character trucks and othe	of Business Conducted in r commodit	Rhode Island To tra	ensport, tow, ar	nd otherwise	carry automobile
8. NAMES AND ADDRESS President Name	ES OF THE OFFI	CERS ("X" BOX FOR ATTA	CHMENT) Vice President Name	•	
Leo Doire			Leo Doire Street Address		
1599 Elmwood Av	enue State	Zip	1599 Elmwood	i Avenue State	Zip
Cranston Secretary Name	RI	02910	Cranston Treasurer Name	RI	02910
Leo Doire	·		Leo Doire Street Address		
1599 Elmwood A		•	1599 Elmwood		,
City	State	Zip	City	State	Zip
Cranston	RI	02910	Cranston	RI	02910
9. NAMES AND ADDRESS Director Name	SES OF THE DIRE	CTORS (*X* BOX FOR AT	TACHMENT) Director Name		
Leo Doire Street Address			Street Address		
1599 Elmwood Av	enue				
City	State	Zip	City	State	Zip
Cranston	. RI	02910.	Director Name		
Street Address			Street Address		
City	State .	Zip	City	State	Zip
10. SHARES AUTHORIZEI authorizzd shares	O (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMI	ENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

600 SHS COMMON NO PAR VAL

none

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

* 8 2 4 4 9 *	
ile Date: 4-3-98	
heck No.: <u>5740</u>	
AMF	
OR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I dec	clare and affirm that I have examined
	ompanying schedules and statements, and
that all statements contained h	nerein are true and correct.
Signature of Officer	Date
Leo Diore	\bigcup
Print or Type Name of Officer	
President Title of Officer	



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

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FORM MU	ST BE TY	PED IN	BLACK)
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1. Corporate ID No.

600

2. Name of Corporation

common

0082449 VIRGI	NIA TRANSPORTATIO	N INC		
3. Street Address Principal Business Office		City	State	Zip
1791 Elmwood Avenue	5. State of Incorporation	Warwick	RI	02888 6. SIC Code
942 3666	Rhode Is	land		6650
7. Bitef Description of the Character of Business Conduct trucks and all other co	To transposities, and an	port, tow and y other lawfo	d otherwise ul purpose.	carry automobiles

Leo Doire			Leo Doire	!	
Street Address			Street Address		•
1791 Elmwoo	d Avenue		1791 Elmwoo	d Avenue	
City	State	Zip	City	State	Zip
Warwick, Secretary Name	RI	02888	Warwick Deasurer Name	. RI	02888
Leo Doire Street Address			Leo Doire Street Address		
1791 Elmwood	Avenue		1791 Elmwood	Avenue	
City	State	Zip	City	State	Zip
Warwick	RI	02888	Warwick	RI	02888
9. NAMES AND ADDRI Director Name Leo Doire	ESSES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) Director Name		
Street Address			. Street Address		
1791 Elmwood	Avenue				
City	State	Zip	City	State	Zip
Cranston Director Name	RI	02920	Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ZED ÄND ISSUED (*X * BOX FOR ATTACHMEN	; r)		
AUTHORIZED SHARES			ESPUTED SHARES		
Number of Shares	Class/Series	Par Value	· Number of Shares	Class/Series	Par Value

Vice President Name

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

none

	Under penalty of perjury, I declare and affirm that I have examined this report including any accompanying schedules and statements, and
4.8.90	that all spatements contained herein are true and correct.
11700	10-4-7-97
Check No.:	Signature of Offker Date
Ву:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President
	Title of Officer

no par

PROFIT CORPORATON ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State

Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 * (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1 CORPORATE ID NO.	2. NAME OF CORPORATION	V 227.32 V 1. 2 3	TTIME IN BENGK INK.		
0082449 3 STREET ADDRESS PRINCIPAL BUSINESS		RANSPORTATIO	N, INC.	STATE	ZIP CODE
1791 Elmwood BUSINESS PHONE NO.		5 STATE OF INCORPORATION	Warwick	RI	02888 6 SIC CODE
942 3666 7 BRIEF DESCRIPTION OF THE CHARACTER trucks and all o		to trans	and sport, tow and other all other lawful bu	wise carry au	6650 itomobiles,
crucks and arr o	8. NAMES	AND ADDRES		siness purpos	ie.
PRESIDENT NAME LEO DOIRE STREET ADDRESS			VICE PRESIDENT NAME LEO DOIRE STREET ADDRESS		
1791 Elmwood Ave	STATE	ZIP CODE	1791 Elimwood Aven	ue STATE	ZIP CODE
Warwick SECRETARY YAME	RI	02888	Warwick TREASURER NAME	RI	02888
Leo Doire			Leo Doire street address		
1791 Elmwood Ave	STATE	ZIP CODE	1791 Elmwood Avenue	e State	ZIP CODE
Warwick	RI	02888	Warwick	RI	02888
DIRECTOR NAME Leo Doire STREET ADDRESS 1791 Elmwood Ave	9. NAMES	AND ADDRES	S E S O F T H E D I F DIRECTOR NAME STREET ADDRESS	RECTORS	
Warwick	STATE RI	ZIP CODE 02888	CITY	STATE	ZIP CODE
DIRECTOR NAME		02000	DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
	1 0. S H	IARES AUTHO	RIZED AND ISSL	I E D	
NUMBER OF SHARES	AUTHORIZED SHARES CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
600	common	no par	0		

This report must be SIGNED IN INK by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date:

By:

Check No:

For Secretary of State Use Only

<u>LEO DOIRE</u> Print or Type Name of Officer

PRESIDENT Title of Officer

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.

Office of The Secretary of State

100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

Please Type or Print File Annually – Jan. 1 - March 1 Filing Fee \$50.00 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID: 0082449	An	nual Report for the y	rear: <u>1995</u>					
Name of Corporation: VIRGINIA TRAN	SPORTATION,	INC.						
Business entity organized under the laws of the State of:	I	Business Entity is (ch	neck one):					
For foreign entity, address and telephone number of principal of		[x] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)						
								
								
- ()		Brief statement of the character of business conducted in Rhode Island: To transport, tow and otherwise carry automobiles, trucks and all other						
Phone: ()	- Dhada							
Address and telephone of the principal office of business entity i Island (Provide street address - Not P.O. Box):	it Kilode		and any and					
Island (Floying Succi address - Not 1.0. Box).				orporation may				
			d under RI La					
Phone: ()								
Phone, S.	· · · · · · · · · · · · · · · · · · ·							
THE PRESIDENT	NAMES OF THE	OFFICERS ARE:	CITY/STATE	ZJP CODE				
				02888				
Leo Doire	STREET ADDRESS	ood Avenue,	CHYSTATE	U 2 0 0 0 ZUP CODE				
Leo Doire	same			_ 1333				
SECRETARY	STREET ADORESS	·	CITYATATE	ZIP COOE				
Leo Doire	same							
TREASURER .	STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	CITY/STATE	ZIP COOE				
Leo Doire	same			•				
THEN	AMES OF THE D	IRECTORS ARE:						
NAME	STREET ADDRESS		CITYATATE	ZIP CODE				
Leo Doire	same		· .					
NAME	STREET ADDRESS	5	CITY/STATE	ZIP COOE				
NAME	STREET ADDRESS		CITY/STATE	ZZP CODE				
		•						
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	. NI	UMBER OF SHARES IS	SUED AND OUTSTANDIN	IG (Rider may be attached)				
Number of Shares Class / Series	Ni	umber of Shares	Class / Series					
600 common								
•		0						
no par value			•					
		Ι						
		MAN	//					
Date September 15	By:	0 111 1	VA					
,,,	Ted Ho	ire						
1		AME OF OFFICER SIGNING		•				
form 31 1/95		L SIGNING						
DESIGNATED REGI	ISTERED AGENT	FOR SERVICE O	F PROCESS:_					

PAID

DEC 1 9 1996 SECY OF STATE

LEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.