



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 2005**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 82449		2. Name of Corporation Virginia Transportation Corp.		
3. Street Address Principal Business Office 1660 FLAT RIVER ROAD		City COVENTRY	State RI	Zip 02816-
4. Business Phone No. 4019420300		5. State of Incorporation RHODE ISLAND		6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Leo H. C. Doire, Jr.		Vice President Name Leo H. C. Doire, Jr.		
Street Address 1660 FLAT RIVER ROAD		Street Address 1660 FLAT RIVER ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI
Secretary Name Leo H. C. Doire, Jr.		Treasurer Name Leo H. C. Doire, Jr.		
Street Address 1660 FLAT RIVER ROAD		Street Address 1660 FLAT RIVER ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Leo H. C. Doire, Jr.		Director Name		
Street Address 1660 FLAT RIVER ROAD		Street Address		
City COVENTRY	State RI	Zip 02816	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
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



8 2 4 4 9

\*82449 DBC 01/11/05 11:10:47 AM\*

File Date 1/27/05

Check No. 1180

By: OA

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

Leo H. C. Doire, Jr.

Print or Type Name of Officer

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 IN BLACK)

1. Corporate ID No. 82449		2. Name of Corporation Virginia Transportation Corp.			
3. Street Address Principal Business Office 1600 FLAT RIVER ROAD		City COVENTRY	State RI	Zip 02816-	
4. Business Phone No. 4019420300		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Leo H. C. Doire, Jr.			Vice President Name Leo H. C. Doire, Jr.		
Street Address 1600 Flat River Rd.			Street Address 1600 Flat River Rd.		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Leo H. C. Doire, Jr.			Treasurer Name Leo H. C. Doire, Jr.		
Street Address 1600 Flat River Rd.			Street Address 1600 Flat River Rd.		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Leo H. C. Doire, Jr.			Director Name		
Street Address 1600 Flat River Rd.			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Director Name			Director Name		
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
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



8 2 4 4 9

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

Date

Leo H. C. Doire, Jr.

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01

\*82449 DBC 02/27/04 02:39:33 PM\*

File Date 3/10/04

Check No. 1354

By: [Signature]

FOR SECRETARY OF STATE USE ONLY



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

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1355  
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 OR PRINTED IN BLACK)

1. Corporate ID No.

82449

2. Name of Corporation

Virginia Transportation Corp.

3. Street Address Principal Business Office

1600 Flat River Road

City

Coventry

State

RI

Zip

02816

4. Business Phone No.

942-0300

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6650

7. Brief Description of the Character of Business Conducted in Rhode Island

Transport, tow & carry cars, trucks & other commodities and for all other lawful business purpose

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Leo H. C. Doire, Jr.

Vice President Name

Leo H. C. Doire, Jr.

Street Address

1600 Flat River Road

Street Address

1600 Flat River Road

City

Coventry

State

RI

Zip

02816

City

Coventry

State

RI

Zip

02816

Secretary Name

Leo H. C. Doire, Jr.

Treasurer Name

Leo H. C. Doire, Jr.

Street Address

1600 Flat River Road

Street Address

1600 Flat River Road

City

Coventry

State

RI

Zip

02816

City

Coventry

State

RI

Zip

02816

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Leo H. C. Doire, Jr.

Director Name

Street Address

1600 Flat River Road

Street Address

City

Coventry

State

RI

Zip

02816

City

State

RI

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

600 COMM 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



\* 8 2 4 4 9 \*

File Date: 4-18-03

Check No. 1142

By: 10P

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 attachments contained herein are true and correct.

Signature of Officer

Leo H. C. Doire, Jr.

Print or Type Name of Officer

President



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

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



**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. **82449** 2. Name of Corporation **Virginia Transportation Corp.**  
3. Street Address Principal Business Office **1559 Elmwood Ave.** City **Cranston** State **RI** Zip **02910**  
4. Business Phone No. **942-0300** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6650**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Transport, tow & carry cars trucks and other commodities and for all other lawful business purposes**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Leo H. C. Doire, Jr.	Vice President Name	Leo H. C. Doire, Jr.
Street Address	1559 Elmwood Ave.	Street Address	1559 Elmwood Ave.
City	Cranston	City	Cranston
State	RI	State	RI
Zip	02910	Zip	02910
Secretary Name	Leo H. C. Doire, Jr.	Treasurer Name	Leo H. C. Doire, Jr.
Street Address	1559 Elmwood Ave.	Street Address	1559 Elmwood Ave.
City	Cranston	City	Cranston
State	RI	State	RI
Zip	02910	Zip	02910

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Leo H. C. Doire, Jr.	Director Name	
Street Address	1559 Elmwood Ave.	Street Address	
City	Cranston	City	
State	RI	State	
Zip	02910	Zip	
Director Name		Director Name	
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
600 COMM 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



\* 8 2 4 4 9 \*

File Date: 4.2.02  
Check No.: 913  
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 of Officer [Signature] Date 3/27/02  
Leo H. C. Doire, Jr.  
Print or Type Name of Officer

President

Title of Officer



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

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



**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. **82449** 2. Name of Corporation **Virginia Transportation Corp.**

3. Street Address Principal Business Office **1559 Elmwood Ave.** City **Cranston** State **RI** Zip **02910**

4. Business Phone No. **942-0300** 5. State of Incorporation **RHODE ISLAND**

7. Brief Description of the Character of Business Conducted in Rhode Island

Transport, tow, and otherwise carry automobiles trucks and other commodities etc. And for all other lawful business purposes

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Leo H.C. Doire Jr.**

Vice President Name **Leo H.C. Doire Jr.**

Street Address **1559 Elmwood Ave.**

Street Address **1559 Elmwood Ave.**

City **Cranston** State **RI** Zip **02910**

City **Cranston** State **RI** Zip **02910**

Secretary Name **Leo H.C. Doire Jr.**

Treasurer Name **Leo H.C. Doire Jr.**

Street Address **1559 Elmwood Ave.**

Street Address **1559 Elmwood Ave.**

City **Cranston** State **RI** Zip **02910**

City **Cranston** State **RI** Zip **02910**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Leo H.C. Doire Jr.**

Director Name

Street Address **1559 Elmwood Ave.**

Street Address

City **Cranston** State **RI** Zip **02910**

City State Zip

Director Name

Director Name

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

**600 COMM NO PAR VALUE**

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

ISSUED SHARES

Number of Shares Class/Series Par Value

**0**

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 \*

**FILED**

File Date: **FEB 16 2001**

Check No.: **257299**

By: **Leo H.C. Doire Jr.**  
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.

**Leo H.C. Doire Jr.** 2/14/01  
Signature of Officer Date

**Leo H.C. Doire Jr.**  
Print or Type Name of Officer

**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. 82449 2. Name of Corporation Virginia Transportation Corp.

3. Street Address Principal Business Office

1559 Elmwood Avenue

City

Cranston

State

RI

Zip

02910

4. Business Phone No.

274-9900

5. State of Incorporation  
RHODE ISLAND

6. SIC Code  
8850

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

Leo H.C. Doire, Jr.

Vice President Name

Leo H.C. Doire, Jr.

Street Address

1559 Elmwood Avenue

Street Address

1559 Elmwood Avenue

City

State

Zip

Cranston

RI

02910

City

State

Zip

Cranston

RI

02910

Secretary Name

Leo H.C. Doire, Jr.

Treasurer Name

Leo H.C. Doire, Jr.

Street Address

1559 Elmwood Avenue

Street Address

1559 Elmwood Avenue

City

State

Zip

Cranston

RI

02910

City

State

Zip

Cranston

RI

02910

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Leo H.C. Doire, Jr.

Director Name

Street Address

1559 Elmwood Avenue

Street Address

City

State

Zip

Cranston

RI

02910

City

State

Zip

Director Name

Director Name

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

600 SHS COMMON NO PAR VAL

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



\* 8 2 4 4 9 \*

PAID

File Date: MAR 01 2000

Check No.: SECY OF STATE

By: 23874

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.

Leo H.C. Doire, Jr. 2/3/00  
Signature of Officer Date

Leo H.C. Doire, Jr.  
Print or Type Name of Officer

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 **1999**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>82449</b>		2. Name of Corporation <b>VIRGINIA TRANSPORTATION, INC.</b>	
3. Street Address Principal Business Office <b>222 Lincoln Avenue</b>		City <b>Warwick</b>	State <b>RI</b>
4. Business Phone No. <b>942-3666</b>		5. State of Incorporation <b>RHODE ISLAND</b>	6. SIC Code <b>8650</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To transport, tow, and otherwise carry automobiles trucks and other commodities, and for any other lawful purpose.</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>Leo H.C. Doire, Jr.</b>		Vice President Name <b>Leo H.C. Doire, Jr.</b>	
Street Address <b>222 Lincoln Avenue</b>		Street Address <b>222 Lincoln Avenue</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02888</b>		Zip <b>02888</b>	
Secretary Name <b>Leo H.C. Doire, Jr.</b>		Treasurer Name <b>Leo H.C. Doire, Jr.</b>	
Street Address <b>222 Lincoln Avenue</b>		Street Address <b>222 Lincoln Avenue</b>	
City <b>Warwick</b>	State <b>RI</b>	City <b>Warwick</b>	State <b>RI</b>
Zip <b>02888</b>		Zip <b>02888</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name <b>Leo H.C. Doire, Jr.</b>		Director Name	
Street Address <b>222 Lincoln Avenue</b>		Street Address	
City <b>Warwick</b>	State <b>RI</b>	City	State
Zip <b>02888</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares <b>600 SHS COMMON NO PAR VAL</b>	Class/Series	Number of Shares <b>None</b>	Class/Series
Par Value		Par Value	

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 \*

File Date: **Mar 24, 99**

Check No.: **6858**

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 of Officer

**Leo H.C. Doire, Jr.**

Print or Type Name of Officer

**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  
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>82449</b>		2. Name of Corporation <b>VIRGINIA TRANSPORTATION, INC.</b>			
3. Street Address Principal Business Office <b>1559 Elmwood Avenue</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	
4. Business Phone No. <b>942 3666</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>8850</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>To transport, tow, and otherwise carry automobile trucks and other commodities, and for any other lawful purpose.</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)					
President Name <b>Leo Doire</b>		Vice President Name <b>Leo Doire</b>			
Street Address <b>1599 Elmwood Avenue</b>		Street Address <b>1599 Elmwood Avenue</b>			
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	
Secretary Name <b>Leo Doire</b>		Treasurer Name <b>Leo Doire</b>			
Street Address <b>1599 Elmwood Ave</b>		Street Address <b>1599 Elmwood Ave</b>			
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)					
Director Name <b>Leo Doire</b>		Director Name			
Street Address <b>1599 Elmwood Avenue</b>		Street Address			
City <b>Cranston</b>	State <b>RI</b>	City	State	Zip	
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State	Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)					
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)					
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>800 SHS COMMON NO PAR VAL</b>			<b>none</b>		

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



File Date: 4-3-98  
Check No.: 5740  
By: AMF  
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.

Leo C Doire 3/30/98  
Signature of Officer Date  
**Leo Diore**  
Print or Type Name of Officer  
**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  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

0082449

VIRGINIA TRANSPORTATION, INC.

3. Street Address Principal Business Office

City

State

Zip

1791 Elmwood Avenue

Warwick

RI

02888

4. Business Phone No.

5. State of Incorporation

6. SIC Code

942 3666

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, and any other lawful purpose.

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Vice President Name

Leo Doire

Leo Doire

Street Address

Street Address

1791 Elmwood Avenue

1791 Elmwood Avenue

City

State

Zip

City

State

Zip

Warwick,

RI

02888

Warwick

RI

02888

Secretary Name

Treasurer Name

Leo Doire

Leo Doire

Street Address

Street Address

1791 Elmwood Avenue

1791 Elmwood Avenue

City

State

Zip

City

State

Zip

Warwick

RI

02888

Warwick

RI

02888

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Director Name

Leo Doire

Street Address

Street Address

1791 Elmwood Avenue

City

State

Zip

City

State

Zip

Cranston

RI

02920

Director Name

Director Name

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

600

common

no par

none

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

File Date:

4.8.97

Check No.:

4799

By:

100

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

Date

Leo Doire

Print or Type Name of Officer

President

Title of Officer

**PROFIT CORPORATION  
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

0082449

VIRGINIA RANSPORTATION, INC.

3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE

CITY

STATE

ZIP CODE

1791 Elmwood Avenue

Warwick

RI

02888

4. BUSINESS PHONE NO.

5. STATE OF INCORPORATION

6. SIC CODE

942 3666

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, and any and all other lawful business purpose.

**8. NAMES AND ADDRESSES OF THE OFFICERS**

PRESIDENT NAME

LEO DOIRE

STREET ADDRESS

1791 Elmwood Ave

CITY

STATE

ZIP CODE

Warwick

RI

02888

SECRETARY NAME

Leo Doire

STREET ADDRESS

1791 Elmwood Avenue

CITY

STATE

ZIP CODE

Warwick

RI

02888

VICE PRESIDENT NAME

LEO DOIRE

STREET ADDRESS

1791 Elmwood Avenue

CITY

STATE

ZIP CODE

Warwick

RI

02888

TREASURER NAME

Leo Doire

STREET ADDRESS

1791 Elmwood Avenue

CITY

STATE

ZIP CODE

Warwick

RI

02888

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME

Leo Doire

STREET ADDRESS

1791 Elmwood Avenue

CITY

STATE

ZIP CODE

Warwick

RI

02888

DIRECTOR NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

DIRECTOR NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

**10. SHARES AUTHORIZED AND ISSUED**

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

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:

12/19/96

Check No:

1766663

By:

1610

For Secretary of State Use Only

Signature of Officer

LEO DOIRE

Print or Type Name of Officer

PRESIDENT

Title of Officer

Date

10.25.96

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

Corporate ID: 0082449 Annual Report for the year: 1995

Name of Corporation: VIRGINIA TRANSPORTATION, INC.

Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Phone: ( )

Business Entity is (check one):

☒ 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 commodities, and any and all other purposes under which a corporation may be incorporated under RI Law.

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Leo Doire	1791 Elmwood Avenue, Warwick, RI		02888
VICE PRESIDENT Leo Doire	same		
SECRETARY Leo Doire	same		
TREASURER Leo Doire	same		

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Leo Doire	same		

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
600	common no par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
0	

Date September 15, 19 95

By:

Leo Doire  
 PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
 TITLE OF OFFICER SIGNING

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

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

**PAID**

DEC 19 1996  
 SECY OF STATE