



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

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. 92550		2. Exact name of the limited liability company CRZ LTD LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, MANAGING AND OPERATING COMMERCIAL TRUCKING	
5. Principal office address 788 Reservoir Ave., Ste. 255		City Cranston	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT ZUCKERMAN		Contact Title MANAGER	
Street Address 9 BETSY DRIVE		City BRISTOL	State RI
		Zip 02809	
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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 KENNETH A. SCHREIBER		Address 37 Sockanosset Cross Road	
Address fg		City Cranston, RI	Zip 02920

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

05 SEP 12 PM 1:19

FILED	
File Date	SEP 12 2005
Check No.	
By	By <u>M 76765</u>
FOR SECRETARY OF STATE USE ONLY <u>GSM</u>	

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

Robert S. Zuckerman

Print or Type Name of Authorized Person



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

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. 92550		2. Exact name of the limited liability company CRZ LTD LLC	
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, MANAGING AND OPERATING COMMERCIAL TRUCKING	
5. Principal office address 788 Reservoir Ave., Ste. 255		City Cranston	State RI
Zip 02910			
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT ZUCKERMAN		Contact Title MANAGER	
Street Address 9 BETSY DRIVE		City BRISTOL	State RI
Zip 02809			
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 [X] []		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	Zip	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name KENNETH A. SCHREIBER		Address 37 Sockanosset Cross Road	
Address fg		City Cranston, RI	Zip 02920

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

FILED	
File Date	SEP 12 2005
Check No.	Bym 76765
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.

Signature of Authorized Person

Date

Robert S. Zuckerman

Print or Type Name of Authorized Person



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

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. 92550		2. Exact name of the limited liability company CRZ LTD LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, MANAGING, AND OPERATING COMMERCIAL TRUCKING	
5. Principal office address 788 RESERVOIR AVENUE, STE 255		City CRANSTON	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name ROBERT ZUCKERMAN		Contact Title MANAGER	
Street Address 9 BETSY DRIVE		City BRISTOL	State RI
		Zip 02809	
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 CAROL ZUCKERMAN		*Manager Name ROBERT ZUCKERMAN	
Street Address 9 BETSY DRIVE		*Street Address 9 BETSY DRIVE	
City BRISTOL	State RI	Zip 02809	*City BRISTOL
			*State RI
			*Zip 02809
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 KENNETH SCHREIBER, ESQ.		Address SCHREIBER & SCHREIBER	
Address sq 37 SOCKANOSSET CROSSROAD		City CRANSTON	Zip 02920

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

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

ROBERT ZUCKERMAN

Print or Type Name of Authorized Person

File Date	10/7/04
Check No.	1150
By:	DA
FOR SECRETARY OF STATE USE ONLY	



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. 92550		2. Exact name of the limited liability company CRZ LTD LLC	
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, MANAGING, AND OPERATING COMMERCIAL TRUCKING	
5. Principal office address 788 Reservoir Avenue, Suite 255		City Cranston	State RI
		Zip 02910	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Robert Zuckerman		Contact Title Manager	
Street Address 788 Reservoir Avenue, Suite 255		City Cranston	State RI
		Zip 02910	
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 Robert Zuckerman		Manager Name Carol Zuckerman	
Street Address 9 Betsy Drive		Street Address 9 Betsy Drive	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name KENNETH SCHREIBER, ESQ.		Address SCHREIBER & SCHREIBER	
Address 37 SOCKANOSSET CROSSROAD		City CRANSTON	Zip 02920

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



* 9 2 5 5 0 *

File Date	9.24.02
Check No.	850
By:	<i>[Signature]</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.

[Signature]
Signature of Authorized Person

9/19/02
Date

Robert Zuckerman
Print or Type Name of Authorized Person

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLIC 92550

Annual Report for the year 2001

1. The name of the limited liability company is:

CRZ LTD LLC

2. The address of the principal office of the limited liability company is:

788 Reservoir Avenue, Suite 255, Cranston, RI 02910

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: KENNETH SCHREIBER, ESQ.

SCHREIBER & SCHREIBER 37 SOCKANOSSET CROSSROAD CRANSTON RI 02920

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 788 Reservoir Avenue, Suite 225, Cranston, RI 02910

Attn: Robert S. Zuckerman

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: owning, managing and operating commercial trucking and for any other lawful purpose.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Robert Zuckerman

9 Betsy Drive, Bristol, RI 02809

Carol Zuckerman

9 Betsy Drive, Bristol, RI 02809

Dated September 17, 2001



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.

CRZ LTD LLC

Exact Name of Limited Liability Company

By: Carol A. Zuckerman

Member

Title

Form No. 632
Revised 01/99

FOR SECRETARY OF STATE USE ONLY

File Date: 11-5-01

Check No.: 7660

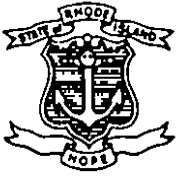
By: 2

DETACH BOTTOM BEFORE RETURNING

Please detach and mail the above section including payment in the amount of \$50.00 made payable to Secretary of State. If the registered office and/or registered agent indicated below has changed, Form 642 must be filed in this office. Forms may be

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number DLIC 92550

Annual Report for the year 2000

1. The name of the limited liability company is:

CRZ LTD LLC

2. The address of the principal office of the limited liability company is:

788 Reservoir Avenue, Ste. 255, Cranston, RI 02910

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: KENNETH SCHREIBER, ESQ.

SCHREIBER & SCHREIBER 37 SOCKANOSSET CROSS ROAD CRANSTON RI 02920

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 788 Reservoir Avenue, Ste. 255 Cranston, RI 02910

Attn: Robert S. Zuckerman

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: owning, managing and operating commercial trucking and for any other lawful purpose.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Robert Zuckerman
Carol Zuckerman

9 Betsy Drive, Bristol, RI 02809
9 Betsy Drive, Bristol, RI 02809

Dated September 1, 2000



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.

CRZ LTD LLC

Exact Name of Limited Liability Company

By Carol A. Zuckerman

Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 10/14

Check No.: 647

By: a

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 92550

Annual Report for the year 1999

1. The name of the limited liability company is:

CRZ LTD LLC

2. The address of the principal office of the limited liability company is:

788 Reservoir Avenue, Ste. 255, Cranston, RI 02910

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: KENNETH SCHREIBER, ESQ.

SCHREIBER & SCHREIBER 37 SOCKANOSSET CROSS ROAD CRANSTON, RI 02920

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 788 Reservoir Avenue, Ste. 255, Cranston, RI 02910

Attn: Robert S. Zuckerman

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: owning, managing and operating commerical trucking and for any other lawful purpose.

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Robert Zuckerman

9 Betsy Drive, Bristol, RI 02809

Carol A. Zuckerman

9 Betsy Drive, Briston, RI 02809

Dated September 1, 1999



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.

CRZ LTD LLC

Exact Name of Limited Liability Company

By Robert A. Zuckerman

Member

Title

FOR SECRETARY OF STATE USE ONLY

File Date: 9-28-99

Check No.: 526

By: AMF

Form No. 632
Revised 01/99

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Corporations Division
100 North Main Street Providence, Rhode Island 02903-1335
Telephone (401) 222-3040

LIMITED LIABILITY COMPANY

ID Number LL 92550

Annual Report for the year 1998

1. The name of the limited liability company is:

CRZ LTD LLC

2. The address of the principal office of the limited liability company is:

788 Reservoir Avenue, Suite 255; Cranston, RI 02910

3. The state or other jurisdiction under the laws of which it is formed is RHODE ISLAND

4. The name and address of its resident agent is: KENNETH SCHREIBER, ESQ.

SCHREIBER & SCHREIBER 37 SOCKANOSSET CROSS ROAD CRANSTON, RI 02920

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 788 Reservoir Avenue, Suite 255, Cranston, RI

02910; Attention: Robert S. Zuckerman

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: owning, managing, and operating commercial trucking, and for any other lawful purpose

7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Robert Zuckerman

9 Betsy Drive, Bristol, RI 02809

Carol A. Zuckerman

9 Betsy Drive, Bristol, RI 02809

Dated October 1, 1998



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.

CRZ LTD LLC

Exact Name of Limited Liability Company

FOR SECRETARY OF STATE USE ONLY

File Date: 10-5-98

Check No.: 349

By: WP

By: Carol A. Zuckerman
Member

Title

Form No. LLC-19
Revised 8/97

DETACH BOTTOM BEFORE RETURNING

Filing Fee: \$50.00

To be filed annually between
September 1 and November 1



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335

LIMITED LIABILITY COMPANY

ID Number 0092550

Annual Report for the year 1997

1. The name of the limited liability company is:

CRZ LTD LLC

2. The address of the principal office of the limited liability company is:

788 Reservoir Avenue, Suite #255; Cranston, RI 02910

3. The state or other jurisdiction under the laws of which it is formed is: Rhode Island

4. The name and address of its resident agent is: Atty. Kenneth Schreiber, 37 Sockanosset

Cross Road, Cranston, RI 02920

5. The current mailing address of the limited liability company and the name or title of a person to whom communications may be directed are: 788 Reservoir Avenue, Suite #255; Cranston,

RI, 02910; Attention: Robert S. Zuckerman

6. A brief statement of the character of the business in which the limited liability company is actually engaged in this state: owning, managing, and operating commercial trucking, and for any other

lawful purpose
7. If the limited liability company has managers, the name and address of each manager of the limited liability company

Name

Address

Robert S. Zuckerman

9 Betsy Drive, Bristol RI 02809

Carol A. Zuckerman

9 Betsy Drive, Bristol RI 02809

Dated February 13, 19 98

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.

CRZ LTD LLC

Exact Name of Limited Liability Company

By

Paul A. Zuckerman
Member

Title

PAID
FEB 18 1998
SECRETARY OF STATE

RECEIVED
FEB 17 11 38 PM '98
SECRETARY OF STATE