

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

LIMITED LIARILITY COMPANY ANNUAL DEPORT FOR

r uing Perioa: Sepie EOPM Mict Be Two	ember 1 - November	l • Filing Fee: \$50	.00		
I. ID No.	ED OR PRINTED IN BL.  2. Exact name of the lit			<del></del>	
92550		Z LTD LLC			
3. State of Formation	4. Brief descrip	tion of the character of the	business which is actually conduct	ed in Rhode Island	
RI	OWNIN	G, MANAGING	AND OPERATING	COMMERICAL	TRUCKING
5. Principal office addr			City	State	Zip
/88 Reserv	voir Ave., S	te. 255	Cranston	RI	02910
Contact Name	RESS OF LIMITED	LIABILITY COMPA	NYAND NAME OR TITLE  Contact Title	OF CONTACT PI	ERSON:
ROBERT ZUG	CKERMAN		. Contact Title MANAGE	<b>D</b>	
Street Address	<u> </u>		City	State	
9 BETSY DE	RIVE		PRICHOT	l -	
<del></del>	FILL IN 21	ACES BEFORE USING	IMITED LIABILITY CON ATTACHMENTS ("X" BOX RES FILING OF AMENDMENT.	IPANY, IF APPLIC	CABLE
Aanager Name			• Manager Name	· ·	
Street Address			Street Address		- <del></del>
City	State		City	State	Zip
Manager Name			Manager Name	, <b>.</b>	
ireet Address			Street Address	<del></del>	<del></del>
City City	State	Zip			
	ļ		City	State	Zip
B. RESIDENT AGEN	T IN RHODE ISLAN	0.00 NOT ALTER- Cha	inges require filing of F	orm 642 - R.I.G.L.	7-16-J1
Ac., 1, 2014	SCHREIBER		Address	nosset Cros	
lddress			City		
fg			Cranston	n, RI	21p 02920
his report must be	signed in ink by an	authorized person pu	ırsuant to 7-16-66.		65 SEP 12 PH 1: 19
File Date  Check No.  By  OR SECRETARY OF S	P 1 2 2005		this report, including	ng any accompanying some contained herein as a secondaried herein as a secondaried Person	Firm that I have examined schedules and statements, re true and correct.



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR

r uing Perioa: Sepi <u>FORM M</u> UST BE TYF		ED IN BLACK	-				
<i>1. II) №.</i> 92550	2. Exact nam	e of the limited lia	bility company	<del>-</del>	<u></u>	<del>-</del>	
3. State of Formation	14.19	CRZ LT	D LLC				
RI	*. "			which is actually conducted in R ND OPERATING C		AL TRUC	CKING
5. Principal office add							
788 Reser	voir Av	e., Ste.	255	Cranston	State R.	[	<sup>Ζφ</sup> 02910
6. MAILING ADD	RESS OF L	IMITED LIAB	ILITY COMPANY AN	D NAME OR TITLE OF	CONTA CT: D	PRON.	
Contact Name				Contact Title	CONTRCT	EKSON:	
ROBERT ZU	<u>CKERMAN</u>	<del></del>		MANAGER			<b>-</b> :
9 BETSYID	RIVE			BRISTOL	State R:	E :	<sup>Zip</sup> 02809
7. NAME AND AD	DRESS OF	EACH MANA	GER OF THE LIMIT	ED LIABILITY COMPAN	1	CARIE	
	F	TILL IN SPACES	BEFORE USING ATTAC	HMENTS CYPROX FOR	ATTACUMENT	. 🗅	2
lanager Name	ANY MODIFI	CATIONS TO MA	ANAGERS REQUIRES FI	LING OF AMENDMENT. R.I.G	L 7-16-12 (a) (2	2) / 7-16-52	
)				• Manager Name •			
Street Address	<del> </del>		<del></del>	Street Address	<del>-</del>		
				•			
City	State	;	Zip	City	State		Zip
Manager Name	· • • J • •	• • • • • •		•Manager Name	. <b>. l</b> .		
				• •			
Street Address				Street Address			<del></del>
City	State	<del></del>	Zip	City	<u> </u>		···
			}	•	State		Zip
8. RESIDENT AGE	NT IN RHOD	E ISLAND DO	NOT ALTER- Changes	require filing of Form	642 - R.I.G.I.	. 7-16-11	<del></del>
KENNETH A				Address 37 Sockano			
Address				City	35ec CIC	T	<u> </u>
fg				Cranston, R	I	02920	
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nis report must be	e signed in i	nk by an auth	orized person pursual	nt to 7-16-66.		$\equiv$	:
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					. 1 41	<b></b>	
				Under nearity of series.			<del></del>
	=17		_	Under penalty of perjury this report, including any	y accompanying	schedules ar	id statements.
	FILE	<del>-</del>	]	this report, including any and that all statements of	y accompanying	schedules ar	id statements.
File Date	FILE	<b>)</b>	]	this report, including any	y accompanying	schedules ar	id statements.
S	-ILEI -P I 2 20	<del>05</del>		this report, including any and that all statements of	y accompanying ontained herein	schedules ar	id statements.
File Date St Check No. By	F 1 2 20	O5		this report, including any	y accompanying ontained herein	schedules ar	id statements.
S	P 1 2 20	762 05		this report, including any and that all statements of	y accompanying ontained herein	schedules ar are true and o	id statements.



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

**		1 • Filing Fee: \$50.0	0		
(FORM MUST BE TYPE 1. ID No.	D OR PRINTED IN BL.  2. Exact name of the lin				<del></del>
	1	, , ,			
92550 3. State of Formation	CRZ LTD I	LC	siness which is actually conducted	in Rhode Island	·
s. danc by a dimanon	V. D. ley deder iy	mon by the character by the bac	mess mich a actually contactive		
RHODE ISLA	ND OWNIN	G, MANAGING,	AND OPERATING (	COMMERCIAL '	TRUCKING
5. Principal office addre.	\$\$		City	Siate	Zip
788 RESERV	OIR AVENUE,	STE 255	CRANSTON	RI	02910
6. MAILING ADDR	ESS OF LIMITED	LIABILITY COMPANY	AND NAME OR TITLE	OF CONTACT PER	SON:
Contact Name			Contact Title		
ROBERT ZUC	KERMAN		· MANAGER		
Street Address		•	City	State	Zip
9 BETSY DR	IVE		· BRISTOL	RI	02809
7. NAME AND ADD	RESS OF EACH N	JANAGER OF THE LIN	MITED LIABILITY COM	PANY, IF APPLICA	JILE
		PACES BEFORE USING A		OR ATTACIIMENT) 🗆	
	ANY MODIFICATIONS	TO MANAGERS REQUIRE	S FILING OF AMENDMENT. R	R.I.G.L 7-16-12 (a) (2) /	7-16-52
Manager Name	<u></u>	<u> </u>	•Manager Name		
CAROL ZUCK	ERMAN		: ROBERT ZUCH	KERMAN	
Street Address		•	*Street Address		<del></del>
9 BETSY DR	IVE		9 BETSY DRIV	Æ	
Ciry	State	Zip	*Ciry	State	Zip
BRISTOL	RI		BRISTOL	l <sub>RI</sub>	
			•		
Street Address			· Street Address		· — — —
			<u>.                                    </u>		
City	State	Zip	.Ciry	State	Zip
			·		
	T IN RHODE ISLAN	D-DO NOT ALTER- Char	nges require filing of Fo	orm 642 - R.I.GL. 7-	16-11
Agent Name		•	Address		
KENNETH SC	HREIBER. ES	· ·	SCHREIBER &	SCHRETBER	
Address	TODAY . HE	¥.	City	Zi	p
fg 37 SOCKA	NOSSET CROS	SROAD	CRANSTON		02920

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

_	310/7/04
File Date	4101/104
Check No.	1150
B <u>y:</u>	DA
FOR SECRI	ETARY OF STATE USE ONLY

Under penalty of perjury, I declare:	and affirm that I have examined
his report, including any accompa- ind that all statements compared he	lying schedules and statements,
and that all statements comained he	rein are true and correct.

Signature of Authorized Person

Date

ROBERT ZUCKERMAN
Print or Type Name of Authorized Person



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR <u>2002</u>

Filing Period: September 1 - November 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED OR PRINTED IN BLACK) 1. ID No. 2. Exact name of the limited liabilty company 92550 **CRZ LTD LLC** 3. State of Formation 4. Brief description of the character of the business which is actually conducted in Rhode Island OWNING, MANAGING, AND OPERATING COMMERCIAL TRUCKING **RHODE ISLAND** 5. Principal office address State Zip 788 Reservoir Avenue, Suite 255 Cranston 02910 RI 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON Contact Name Contact Title Robert Zuckerman Manager Street Address City State 788 Reservoir Avenue, Suite 255 Cranston RI 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 · Manager Name Robert Zuckerman Carol Zuckerman Sireei Address · Street Address 9 Betsy Drive 9 Betsy Drive City State State Žip Bristol RI 02809 Bristol ŖΪ 02809 Manager Name Manager Name Street Address ·Sircei Address City Zip Cir 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 Address KENNETH SCHREIBER, ESQ. SCHREIBER & SCHREIBER Address City Žip

CRANSTON

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



	9.24.02
File Date	
Check No.	850
B <u>y;</u>	<u>a</u>
FOR SECRETARY	Y OF STATE USE ONLY

**37 SOCKANOSSET CROSSROAD** 

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

02920

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 DLLC 92550	Annual Report for the year 2001
1.	The name of the limited liability compa	ny is:
	CRZ LTD LLC	
2.	The address of the principal office of the	ne limited liability company is:
	788 Reservoir Avenue, S	Suite 255, Cranston, RI 02910
3.	The state or other jurisdiction under the	e 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 SOCI	KANOSSET CROSSROAD CRANSTON RI 02920
5.	The current mailing address of the lim	ited liability company and the name or title of a person to whom communications
	may be directed are: 788 Reser	rvoir Avenue, Suite 225, Cranston, RI 02910
	Attn: Robert S. Zuc	ckerman
6.	A brief statement of the character of	the business in which the limited liability company is actually engaged in this
	state: <u>owning, managing ar</u> lawful purpose.	nd operating commercial trucking and for any other
7.		nagers, the name and address of each manager of the limited liability company  Address
	Robert Zuckerman	9 Betsy Drive, Bristol, RI 02809
	- Carol Zuckerman	- 9 Betsy Drive, Bristol, RI 02809
Da	sted <u>September 17, 2001</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.
	<b>                                       </b>	CRZ LTD LLC  Exact Name of Limited Liability Company
File	FOR SECRETARY OF STATE USE ONLY to Date:	B) facal (1. Jucleesman)
Ch	eck No.: Mdo	Member U Title
Ву	eck .No.:	Form No. 632 Revised 01/99



ID Number DLLC 92550

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

Annual Report for the year 2000

### LIMITED LIABILITY COMPANY

1.	The name of the limited liability company is:	
	CRZ LTD LLC	

۱.	The name of the limited liability company is:				
	CRZ LTD LLC				
2.	The address of the principal office of the limited liability company is:				
	7888Reservoir 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				
	788 Reservoir Avenue, Ste. 255 Cranston, RI 02910				
	may be directed are:  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				
7.	lawful purpose.  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 Zuckerman 9 Betsy Drive, Bristol, RI 02809				
Di	September 1, 2000 Under penalty of perjury, I declare and affirm that I have examined this				



	ECRETARY OF STATE USE ONLY
File Date:	10/4
Check No	: W17
Ву:	2

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 Title

Form No. 632 Revised 01/99

Revised 01/99



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 <u>LL 92550</u>	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 lim 788 Reservoir Avenue, Ste	, , ,
3.	The state or other jurisdiction under the law	s of which it is formed is RHODE ISLAND
4.	The name and address of its resident agent	is: KENNETH SCHREIBER, ESQ.
	SCHREIBER & SCHREIBER 37 SOCKANO	DSSET CROSS ROAD CRANSTON, RI 02920
5.	The current mailing address of the limited li	ability company and the name or title of a person to whom communications
	may be directed are: 788 Reserv	oir Avenue, Ste. 255, Cranston, RI 02910
	Attn: Robert S. Zuckerma	n
6.	A brief statement of the character of the b	business in which the limited liability company is actually engaged in this
7.	lawful purpose.	perating commerical trucking and for anymother s, the name and address of each manager of the limited liability company  Address
	Robert Zuckerman	9 Betsy Drive, Bristol, RI 02809
	Carol A. Zuckerman	9 Betsy Drive, Briston, RI 02809
		<del></del>
Da	ated <u>September 1, 1999</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.  CRZ LTD LLC
	* 9 2 5. 5 0 *	Exact Name of Limited Liability Company
	FOR SECRETARY OF STATE USE ONLY 2 Date: 9-89-99	By Steel ( Zuckesman)
Cho	eck No.: 526	Title
Rv.	AmF	Form No. 632 Revised 01/99



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

	LIM	HED LIABILITY COMPANY
ΙĐ	Number LL 92550	Annual Report for the year 1998
1.	The name of the limited liability company i	s:
	CRZ LTD LLC	
2.	The address of the principal office of the li	mited liability company is:
	788 Reservoir Avenue, Su	ite 255; Cranston, RI 02910
3.	The state or other jurisdiction under the la	ws of which it is formed is RHODE ISLAND
4.	The name and address of its resident age	nt is: KENNETH SCHREIBER, ESQ.
	SCHREIBER & SCHREIBER 37 SOCKAN	IOSSET CROSS ROAD CRANSTON, RI 02920
5.	The current mailing address of the lin	mited liability company and the name or title of a person to whom
	communications may be directed are:	88 Reservoir Aveenue, Suite 255, Cranston, RI
	02910; Attention: Robe	rt S. Zuckerman
6.	A brief statement of the character of the	business in which the limited liability company is actually engaged in this
7.	other lawful purpose	nd operating commercial trucking, and for any ers, the name and address of each manager of the limited liability company Address
	Robert Zuckerman	9 Betsy Drive, Bristol, RI 02809
	Carol A. Zuckerman	9 Betsy Drive, Bristol, RI 02809
Da	ated <u>Orlow</u> 1 , 19 <u>98</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.  CRZ_LTD_LLC  Exact Name of Limited Liability Company
	POR SECRETARY OF STATE USE ONLY  Date:   - S   - 9	By Jacol a. Zucherman
Ву:	LUP	Mentar O
•	VV 1	1100

Form No. LL.C-19 Revised 8/97 Filing Fee: \$50.00



# 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 year1997	
1.	The name of the limited liability company is	·	
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		
	A brief statement of the character of the business in which the limited liability company is actually engaged in the state:		

Form No. LLC-19 Revised 8/97