

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

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 OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 110452 Lowery & MacLeod, Inc. 3 Street Address Principal Business Office Scilvate State Britlo 4. Business Phone No. 5. State of Incorporation 6. SIC Code 461 692-0141 7. Brief Description of the Character of Business Conducted in Rhode Island
TRANSPORTATION OF PERISHABLE AND/OR NONPERISHABLE COMMODITIES WITHIN THE CONTINENTAL UNITED STATES, RHODE ISLAND 6638 CANADA AND/OR MEXICO.
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name ᠘ᠳᢓᢙ᠘ Street Address State Secretary Name Siner Address Street Address City 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address City Zφ City 7.ip Director Name Director Name Street Address Street Address Cin Z(p 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 1,000 COMM NO PAR VALUE 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 Λg contained herein are true and confert. Signature of Officer



STATE OF RIIODE 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

Filing Period: January (FORM MUST BE TYPED OR	-March •	INNUAL REPO	ORT FOR THE YEA	AR2	004	
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110452						
3. Street Address Principal Busin	ness Office	MacLeod, Inc.				
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4. Business Phone No.		5 State of Incorporat	Ion 17 1 3CI FUIL	124-	02857	
(401) G47-	3316	RHODE ISLA			6. SIC Code	
7. Brief Description of the Chara TRANSPORTATION	cter of Business Conducte				<u> 6638</u>	
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President Name	SES OF THE OFFIC	ERS: ("X" BOX FOR A	TTACHMENT) FILL IN	SPACES BEFORE US	NG ATTACHMENTS	
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531 Chur	emist Hill	(21))	Street Address Britto	14		
City	State	Zip	: ID Drille	lane		
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Secretary Name	1		Treasurer Name		02857	
Street Address	Livery		Seco			
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Street Address						
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This report must be	signed in ink by ci	ther the President Vice	President, Secretary, Assistant		<u>_</u>	
	.,	the resident, vice	resident, Secretary, Assistant	Secretary, Treasurer,	Receiver or Trustee	
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Title of Officer



Edward S. Inman, III, Secreta: of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 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 P	RINTED IN BLACK)				
1. Corporate ID No.	2. Name of Corpor	ration			
110452	Lowery & f	MacLeod, Inc.			
3. Street Address Principal Busi	iness Office	•	City	Cont.	
4. Business Phone No.	Britta	5. State of Incorporation	N. Sertuate	State RI	OZ&57
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286 Daniels	on Pike	ZIP	C11y /5	BrHo Le	and Zip
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Street Address	N E L		Street Address	``	nd
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treet Address	None		Street Address	Vone	
City	State	Zip	City	State	Zip
Director Name	None	•	Olrector Name	Λ.Ι	
treet Address			Street Address	None	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date:	2/4/03
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FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare a	and afflem that I have any int
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this report, including any accompan	ying schedules and statements, and
that all statements contained herein	are true and correct
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Signature of Officer	Date
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Print or Type Name of Officer	
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President	
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Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT	CORPORATION	ANNUAL REPORT	FOR	THE	YFAR	2002
iling Period	: January 1-March 1 •	Filing Fee: \$50.00	rok	IUE	TEAR.	2002



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ile Date:	1-31-02
heck No.:	1566

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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

SEAN MacLeon

Print or Type Name of Officer

Title of Officer

Title of Officer

5--- 630 12/01

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. 2. Name of Corporation 110452 Lowery & MacLeod, Inc. 3. Street Address Principal Business Office 286 4. Business Phone No. DANIFLSON 0)82 6. SIC Code RHODE ISLAND (401) 7. Brief Description of the Character of Business Conducted in Rhode Island commodities within The Continental united ships Canada perishble and/or Nopperishble 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS ason Sean Mccleod Street Address Britto North 0282) North Scitute 02857 Street Address 236 DAN KELSON City State City North 0385) 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address DANJE (SON City State Zip Director Name Director Name Street Address Street Address City City State 210 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 1,000 COMM NO PAR VALUE None None

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Check No.: _	1337	
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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

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Signature of Officer	Swey	2/12/01
Signature of Officer	0	Date
Print or Type Name of Office	Lower-1	· · · · · · · · · · · · · · · · · · ·

Annual Meeting Lowery & MacLeod, Inc.

Monday, December 4, 2000 7:00 pm 10# 110 45 2

MEETING MINUTES

PRESENT: Jason Lowery, Sean MacLeod

CALL TO ORDER: 7:08 pm

OLD BUSINESS: None

NEW BUSINESS: Elections were held.

ELECTIONS:

President: Jason E. Lowery

Vice President: Sean M. MacLeod Secretary: Jason E. Lowery

Treasurer: Sean M. MacLeod

Board of Directors: Jason E. Lowery and Sean MacLeod

NEXT MEETING: December 3, 2001 at 7:00 pm

MEETING ADJOURNED: 7:28 pm

Respectfully submitted,

Jason E. Lowery