



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 OR PRINTED IN BLACK)

1. Corporate ID No. 110452		2. Name of Corporation Lowery & MacLeod, Inc.		
3. Street Address Principal Business Office 15 Britto Ln		City Scituate	State RI	Zip 02854
4. Business Phone No. 461 692-0141		5. State of Incorporation RHODE ISLAND		6. SIC Code 6638
7. Brief Description of the Character of Business Conducted in Rhode Island TRANSPORTATION OF PERISHABLE AND/OR NONPERISHABLE COMMODITIES WITHIN THE CONTINENTAL UNITED STATES, CANADA AND/OR MEXICO.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Sean MacLeod		Vice President Name Jason Lowery		
Street Address 15 Britto Ln		Street Address		
City Scituate	State RI	Zip 02854	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	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"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value		
1,000 COMM NO PAR VALUE				
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value		
0	0	0		

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



By: 2032

File Date: APR 20 2005

Check No. FILED

By: JB

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: Sean MacLeod Date: 2/14/05

Print or Type Name of Officer: SEAN MacLeod

Title of Officer: President



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
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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 OR PRINTED IN BLACK)

1. Corporate ID No. 110452		2. Name of Corporation Lowery & MacLeod, Inc.			
3. Street Address Principal Business Office 286 Danielson Pike		City N. Scituate	State RI	Zip 02857	
4. Business Phone No. (401) 647-3316		5. State of Incorporation RHODE ISLAND		6. SIC Code 6038	
7. Brief Description of the Character of Business Conducted in Rhode Island TRANSPORTATION OF PERISHABLE AND/OR NONPERISHABLE COMMODITIES WITHIN THE CONTINENTAL UNITED STATES, CANADA AND/OR MEXICO.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Jason Lowery			Vice President Name Sean MacLeod		
Street Address 532 Chopinist Hill Rd			Street Address 15 Britta Lane		
City Glocester	State RI	Zip 02814	City N. Scituate	State RI	Zip 02857
Secretary Name Jason Lowery			Treasurer Name Sean MacLeod		
Street Address 532 Chopinist Hill Rd			Street Address 15 Britta Lane		
City Glocester	State RI	Zip 02814	City N. Scituate	State RI	Zip 02857
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Jason Lowery			Director Name Sean MacLeod		
Street Address 532 Chopinist Hill Rd			Street Address 15 Britta Lane		
City Glocester	State RI	Zip 02814	City N. Scituate	State RI	Zip 02857
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
1,000 COMM NO PAR VALUE			0		

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



* 1 1 0 4 5 2 *

File Date **1-16-04**
Check No. **1943**
By: **[Signature]**
FOR SECRETARY OF STATE USE ONLY

01/14/04

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.

Jason E. Lowery (President) **12/30/03**
Signature of Officer Date
Jason E Lowery
Print or Type Name of Officer
President
Title of Officer



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 02903-1335
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 PRINTED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

110452

Lowery & MacLeod, Inc.

3. Street Address Principal Business Office

15 Britto Lane

City

N. Scituate

State

RI

Zip

02857

4. Business Phone No.

(401) 647-3316

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6638

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

Construction Transportation

Excavating (Same as last year)

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

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Jason E Lowery

Vice President Name

Sean Macleod

Street Address

286 Danielson Pike

Street Address

15 Britto Lane

City

N. Scituate

State

RI

Zip

02857

City

N. Scituate

State

RI

Zip

02857

Secretary Name

Jason E Lowery

Treasurer Name

Sean Macleod

Street Address

286 Danielson Pike

Street Address

15 Britto Lane

City

N. Scituate

State

RI

Zip

02857

City

N. Scituate

State

RI

Zip

02857

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

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

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

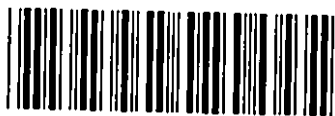
Class/Series

Par Value

1,000 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



* 1 1 0 4 5 2 *

File Date: 2/4/03

Check No.: 1805

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: Jason E Lowery Date: 1-24-03

Print or Type Name of Officer: JASON E Lowery

Title of Officer: President



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 02903-1335
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.

110452

2. Name of Corporation

Lowery & MacLeod, Inc.

3. Street Address Principal Business Office

15 BRITTO LANE

City

N. SCITUATE

State

RI

Zip

02857

4. Business Phone No.

401-647-3316

5. State of Incorporation

RHODE ISLAND

6. SIC Code

6638

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

HAULING & EXCAVATING

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

President Name

JASON LOWERY

Vice President Name

Street Address

286 DANIELSON PIKE

Street Address

City

N. SCITUATE

State

RI

Zip

02857

City

State

Zip

Secretary Name

Street Address

Treasurer Name

SEAN MACLEOD

Street Address

15 BRITTO LANE

City

N. SCITUATE

State

RI

Zip

02857

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

Director Name

JASON LOWERY

Director Name

Street Address

286 DANIELSON PIKE

Street Address

City

N. SCITUATE

State

RI

Zip

02857

City

State

Zip

Director Name

SEAN MACLEOD

Director Name

Street Address

15 BRITTO LANE

Street Address

City

N. SCITUATE

State

RI

Zip

02857

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

Common

NO PAR

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



* 1 1 0 4 5 2 *

File Date: 1-31-02

Check No.: 1566

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.

Sean MacLeod 1/29/02
Signature of Officer Date

SEAN MacLeod
Print or Type Name of Officer

Treasurer
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. **110452** 2. Name of Corporation **Lowery & MacLeod, Inc.**

3. Street Address Principal Business Office

286 DANIELSON PIKE

4. Business Phone No.

(401) 647-9069

5. State of Incorporation
RHODE ISLAND

City

North Scituate

State

RI

Zip

02857

6. SIC Code

6638

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

Transportation of perishable and/or Nonperishable commodities within The Continental United States Canada and Mexico

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

President Name

Jason E Lowery

Street Address

286 DANIELSON PIKE

City **North Scituate** State **RI** Zip **02857**

Secretary Name

Jason E Lowery

Street Address

286 DANIELSON PIKE

City **North Scituate** State **RI** Zip **02857**

Vice President Name

Sean MacLeod

Street Address

15 Britto Lane

City **North Scituate** State **RI** Zip **02857**

Treasurer Name

Sean MacLeod

Street Address

15 Britto Lane

City **North Scituate** State **RI** Zip **02857**

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

Director Name

Jason Lowery

Street Address

286 DANIELSON PIKE

City **N. Scituate** State **RI** Zip **02857**

Director Name

Sean MacLeod

Street Address

15 Britto Lane

City **N. Scituate** State **RI** Zip **02857**

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

None

None

None

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



* 1 1 0 4 5 2 *

File Date: **3-13-01**

Check No.: **1337**

By: **2**

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 **Jason E Lowery** Date **2/12/01**

Print or Type Name of Officer **Jason E Lowery**

Title of Officer **President**

Annual Meeting
Lowery & MacLeod, Inc.

Monday, December 4, 2000
7:00 pm
10# 110452

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