



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. 121269		2. Name of Corporation R.L. DAVIS MOVING & STORAGE, INC.			
3. Street Address Principal Business Office 544 OAKLAND BEACH AVENUE			City WARWICK	State RI	Zip 02889
4. Business Phone No. 401-463-0006		5. State of Incorporation RHODE ISLAND			6. SIC Code 8888
7. Brief Description of the Character of Business Conducted in Rhode Island RESIDENTIAL AND COMMERCIAL MOVERS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL A. HEWITT			Vice President Name MICHAEL A. HEWITT		
Street Address 544 OAKLAND BEACH AVENUE			Street Address 544 OAKLAND BEACH AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
Secretary Name MICHAEL A. HEWITT			Treasurer Name MICHAEL A. HEWITT		
Street Address 544 OAKLAND BEACH AVENUE			Street Address 544 OAKLAND BEACH AVENUE		
City WARWICK	State RI	Zip 02889	City WARWICK	State RI	Zip 02889
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MICHAEL A. HEWITT			Director Name		
Street Address 544 OAKLAND BEACH AVENUE			Street Address		
City WARWICK	State RI	Zip 02889	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
1,000	COMM NO 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



File Date 1/21/05
Check No. 2910
By DA
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

Michael A. Hewitt 1-19-05
Signature of Officer Date
MICHAEL A. HEWITT
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 Divisi
100 North Main Str
Providence, RI 02903-13
401 222 36

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Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO 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 2 1 2 6 9 *

File Date 2-18-04
Check No 2653
By: ax
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] 2-16-04
Signature of Officer Date

MICHAEL A. HEWITT

Print or Type Name of Officer

PRESIDENT

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

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3. Street Address Principal Business Office **544 OAKLAND BEACH AVENUE** City **WARWICK** State **RI** Zip **02889**
4. Business Phone No. **401-463-0006** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8888**

7. Brief Description of the Character of Business Conducted in Rhode Island
RESIDENTIAL AND COMMERCIAL MOVERS

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City State Zip WARWICK RI 02889	City State Zip WARWICK RI 02889
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City State Zip WARWICK RI 02889	City State Zip
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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 Trust



File Date: 1-29-03
Check No.: 2347
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, at that all statements contained herein are true and correct.
Signature of Officer: [Signature] Date: 1-28-03
MICHAEL A. HEWITT
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
109 North Main Street, Providence, RI 02903-1330
401-222-3000



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

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Street Address **544 OAKLAND BEACH AVENUE**
City **WARWICK** State **RI** Zip **02889**

Vice President Name **MICHAEL A. HEWITT**
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City **WARWICK** State **RI** Zip **02889**

Director Name
Street Address
City State Zip
Director Name
Street Address
City State Zip

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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 2 1 2 6 9 *

File Date 2-4-02
Check No. 2075
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] 2-2-02
Signature of Officer Date
MICHAEL A. HEWITT
Print or Type Name of Officer

PRESIDENT
Title of Officer