

## 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 0293-1335 | io1 222 30i0

PROFIT CORPOI			RT FOR THE YEA	R 2005	5	<u>.                                    </u>
FORM MUST BE TYPED OR PRIS	TED IN BLACK)	· · · · · · · · · · · · · · · · · · ·			<del></del>	-
125769	D. L. Term					' <u> </u>
3 Street Address Principal Business 125 Carlsbad S	Gher	•	Cranston	State RI	Σφ 02920	
a Business Physic No.		5 State of Incorporation	<del></del>	, KI	G SIG Code	
(401) 943-0700 RHODE ISLAN			1		6638	
TO ENGAGE IN THE TR						
B. NAMES AND ADDRESSES	OF THE OFFI	CERS: ("X" BOX FOR AT	TACHMENT) [ FILL IN S	SPACES BEFORE USING	ATTACHMENTS	i: i: l
David Roche			Kathleen M. R	loche		
Street Address			Street Address			
$\frac{125}{cm}$ Carlsbad St	Isac	Zip	125 Carlsbad	Street	Zip	-
Cranston Secretary Name	RI	02920	Cranston Treasurer Name	RI	02920	••••••
David Roche			Kathleen M. R	loche		
125 Carlsbad St	treet		Sircet Address 125 Carlsbad Street			
Сит	Sinte	Ζψ	Cuy	State	Ζψ	:
Cranston 9. NAMES AND ADDRESSES	RI OF THE DIRE	02920 CTORS: ("X" BOX FOR A	: Cranston ( <i>ITACHMENT</i> ) □ FILL IN	RI SPACES BEFORE USI:	02920 ng attachmen	ts.
Director Name			Director Name			
None Street Address			None ::			
			.77117.11117.135			!! -
City	State	Zφ	Git;	State	Zφ	!;
Director Name	J	J	Director Name		<b>l</b>	i
None		·	None			
Street Address			Street Address			!
Cil)	State	Zψ	Cuy	State	Zψ	<del>                                     </del>
10. SHARES AUTHORIZED AUTHORIZED SHARES	 ("X" BOX FOI	 RATTACHMENT) []	11. SHARES ISSUED (	 "X" BOX FOR ATTACH	 IMENT) [_ .i.	
Namber of Shares	Class Series	Par Value	Number of Shaves	Gass/Series	Par Value	<del>                                      </del>
2,000 COMM NO PAR VAL	UE		250	Common	No Par	<del>.</del>
2.000 COMM NO PAR VAL	UE			Common	No Par	
File Date 2-7-	-05			rjury, I declare and affirm the panying schedules and state true and correct.		
Check No. 00 4836			David Rock	ne		
			Print or Type Name o			
LAB CLOBE PARA OF THE			President			·
FOR SECRETARY OF S	PALE USE UNLI		Tale of Officer		Form 630 Re	



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

Matthew A. Brown, Secretary of State

Corporations Durston 190 North Main Street Providence, RI 02903-1335 461-222-3040

Form 630 Rev. 12/03

ROFIT CORPORATION	ANNUAL REPORT FOR THE YEAR	2004
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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 D. L. Terminals, Inc. 3. Street Address Principal Business Office State 02920 125 Carlsbad Street Cranston RI 4 Business Phone No. 6 SIC Code 5. State of Incorporation 6638 (401) 943-0700 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Isla TO ENGAGE IN THE TRANSPORTATION INDUSTRY ☐ FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) President Name Vice President Name Kathleen M. Roche David Roche Street Address Street Address 125 Carlsbad Street 125 Carlsbad Street 02920 Cranston 02920 RICranston RI Treasurer Name Secretary Name Kathleen M. Roche David Roche Street Address Street Address 125 Carlsbad Street 125 Carlsbad Street State State City 02920 02920 Cranston RΙ RΙ Cranston FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name Director Name None None Street Address Street Address Zφ Director Name Director Name None None Street Address Street Address State Zφ 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ACTHORIZED SHARLS ISSUED SHARFS Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value 250 Common No Par 2,000 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 contained herein are true and correct. 23-00 Signature of Officer David Roche Print or Type Name of Officer President FOR SECRETARY OF STATE USE ONLY Title of Officer

Edward S. Inman, III. Secretary of State Corporations Divinon 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 BETYPED OR PRI 1. Corporate ID No.	INTED IN BLACK)  2. Name of Corpora	tuan			
125769	·				
3. Street Address Principal Busin	D. L. Termir	idis, ilic.	City	State	Zip
125 Carlsbad 4 Business Phone No	Street	5. State of Incorporation	Cranston	RI	02920 6. MC Code
(401) 943-070		RHODE ISLAND	)		6638
	<u>-</u>	ortation indust ICERS ("X" BOX FOR ATTAC	try and any oth (HMENT) FILLIN SPACES (Vice President Name)	ner lawful pur BBEFORE USING ATTAC	
David Roche Street Address			Kathleen M. Street Address		
125 Carlsbad	Street		125 Carlsbad	l Street	
Cranston	State RI	02920	<sup>City</sup> Cranston	State RI	02920
Secretary Name David Roche Street Address			Treasurer Name Kathleen M. Street Address	Roche	
125 Carlsbad	Street		125 Carlsbac	l Street	
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920
9. NAMES AND ADDR	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATI		ES BEFORE USING ATTA	ACHMENTS
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Zip	Спу	State	Zip
Director Name			Director Name		
None			None		
Street Address			Street Address		
City	State	Ζιρ	City	State	Zip
10. SHARES AUTHORIS AUTHORIZED SHARES	ZED ("X" BOX FOR ATT	'ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT	r)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 COMM NO PAR	VALUE		250	Common	No Par

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

Title of Officer

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til. Nor	2/10/03
File Date	001123
By:	
FOR SECRETARY OF	F 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.

Constitute of Officer	v 1-30-03
ignature of Officer	Date

Signature of Officer	<u> </u>	
Signature of Officer	Date	
David Roche		

Signature of cofficer	(7)(-)		
David Roche			
Print or Type Name of Officer	· · · · · · · · · · · · · · · · · · ·		
Precident			