



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 IN BLACK)

1. Corporate ID No

121280

2. Name of Corporation

E.P. MAIL & FREIGHT, INC.

3. Street Address Principal Business Office

500 WATERMAN AVENUE

City

EAST PROVIDENCE

State

R.I.

Zip

02914

4. Business Phone No.

4014389797

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7856

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

SHIPPING, PACKING, MAILING, RENT MAILBOXES, COPYING SERVICE

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

President Name

LIDIA M. JANUARIO

Vice President Name

JOHN C. JANUARIO

Street Address

135 NORTH HULL STREET

Street Address

135 NORTH HULL STREET

City

EAST PROVIDENCE

State

RI

Zip

02914

City

EAST PROVIDENCE

State

RI

Zip

02914

Secretary Name

LIDIA M. JANUARIO

Treasurer Name

JOHN C. JANUARIO

Street Address

135 NORTH HULL STREET

Street Address

135 NORTH HULL STREET

City

EAST PROVIDENCE

State

RI

Zip

02914

City

EAST PROVIDENCE

State

RI

Zip

02914

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

Director Name

LIDIA M. JANUARIO

Director Name

JOHN C. JANUARIO

Street Address

135 NORTH HULL STREET

Street Address

135 NORTH HULL STREET

City

EAST PROVIDENCE

State

RI

Zip

02914

City

EAST PROVIDENCE

State

RI

Zip

02914

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000

COMMON

NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

COMMON

NO PAR VALUE

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



1 2 1 2 8 0

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.

Lidia M. Januario 2-15-05
Signature of Officer Date

Lidia M. Januario
Print or Type Name of Officer

President
Title of Officer

Form 630 12/01

File Date

2/28/05

Check No.

1013

By

W.

FOR SECRETARY OF STATE USE ONLY



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 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 121280		2. Name of Corporation E.P. MAIL & FREIGHT, INC.			
3. Street Address Principal Business Office 500 WATERMAN AVENUE		City EAST PROVIDENCE	State RI	Zip 02914-	
4. Business Phone No. 4014389797		5. State of Incorporation RHODE ISLAND		6. SIC Code 7856	
7. Brief Description of the Character of Business Conducted in Rhode Island SHIPPING, PACKAGING, MAILING, RENT MAIL BOXES, COPYING SERVICE					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LIDIA M. JANUARIO		Vice President Name JOHN C. JANUARIO			
Street Address 135 NORTH HULL STREET		Street Address 135 NORTH HULL STREET			
City EAST PROVIDENCE	State R.I.	Zip 02914	City EAST PROVIDENCE	State R.I.	Zip 02914
Secretary Name LIDIA M. JANUARIO		Treasurer Name JOHN C. JANUARIO			
Street Address 135 NORTH HULL STREET		Street Address 135 NORTH HULL STREET			
City EAST PROVIDENCE	State R.I.	Zip 02914	City EAST PROVIDENCE	State R.I.	Zip 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name LIDIA M. JANUARIO		Director Name JOHN C. JANUARIO			
Street Address 135 NORTH HULL STREET		Street Address 135 NORTH HULL STREET			
City EAST PROVIDENCE	State R.I.	Zip 02914	City EAST PROVIDENCE	State R.I.	Zip 02914
Director Name NONE		Director Name NONE			
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 NO PAR VALUE			200	COMMON	NO PAR VALUE

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



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121280 DBC 01/05/04 02:16:20 PM

File Date **FILED**

Check No. **FEB 18 2004**

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.

Lidia M. Januario 2-4-04
Signature of Officer Date
Lidia M. Januario
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.

121280

2. Name of Corporation

E.P. MAIL & FREIGHT, INC.

3. Street Address Principal Business Office

500 WATERMAN AVENUE

City

East Providence

State

RI

Zip

02914

4. Business Phone No.

438-9090

5. State of Incorporation

RHODE ISLAND

6. SIC Code

7856

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

SHIPPING, PACKAGING, MAILING, RENT MAIL BOXES AND COPYING SERVICE

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

President Name

LIDIA M. JANUARIO

Vice President Name

JOHN C. JANUARIO

Street Address

135 NORTH HULL STREET

Street Address

135 NORTH HULL STREET

City

EAST PROVIDENCE

State

RI

Zip

02914

City

EAST PROVIDENCE

State

RI

Zip

02914

Secretary Name

LIDIA M. JANUARIO

Treasurer Name

JOHN C. JANUARIO

Street Address

135 NORTH HULL STREET

Street Address

135 NORTH HULL STREET

City

EAST PROVIDENCE

State

RI

Zip

02914

City

EAST PROVIDENCE

State

RI

Zip

02914

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

Director Name

LIDIA M. JANUARIO

Director Name

JOHN C. JANUARIO

Street Address

135 NORTH HULL STREET

Street Address

135 NORTH HULL STREET

City

EAST PROVIDENCE

State

RI

Zip

02914

City

EAST PROVIDENCE

State

RI

Zip

02914

Director Name

NONE

Director Name

NONE

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

COMMON

NO PAR VALUE

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



* 1 2 1 2 8 0 *

File Date: 2-20-03

Check No.: 1333

By: 100

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.

Lidia M. Januario 2-14-03
Signature of Officer Date

LIDIA M. JANUARIO, President
Print or Type Name of Officer

Title of Officer

5

Form 636 12/92



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.

2. Name of Corporation

121280

E.P. MAIL & FREIGHT, INC.

3. Street Address Principal Business Office

135 North Hull Street

City

East Providence

State

RI

Zip

02914

4. Business Phone No.

438-5050

5. State of Incorporation

RHODE ISLAND

6 SIC Code

7856

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

Shipping, packaging, mailing, rent mail boxes

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

President Name

Lidia M. Januario

Vice President Name

John C. Januario

Street Address

135 North Hull Street

Street Address

135 North Hull Street

City

State

Zip

East Providence

RI

02914

City

State

Zip

East Providence

RI

02914

Secretary Name

Lidia M. Januario

Treasurer Name

John C. Januario

Street Address

135 North Hull Street

Street Address

135 North Hull Street

City

State

Zip

East Providence

RI

02914

City

State

Zip

East Providence

RI

02914

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

Director Name

Lidia M. Januario

Director Name

John C. Januario

Street Address

135 North Hull Street

Street Address

135 North Hull Street

City

State

Zip

East Providence

RI

02914

City

State

Zip

East Providence

RI

02914

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

200

Common

No Par Value

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



* 1 2 1 2 8 0 *

File Date: 2/1/02

Check No: 1047

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] 1-22-02
Signature of Officer Date

Lidia M. Januario, President
Print or Type Name of Officer

Title of Officer

5

Form 630 12/01