

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

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(FORM MUST BE TYPED IN	₹ BLACK)					
1. Corporate ID No.	2. Name of Corpor					
129082		tw Inc.				
3. Street Address Principal Bu	istness Office		City	State	Ta:	
583 500.	44 5x.		New Britain	n cr	Zip	
4. Business Phone No.	·	5. State of Incorporati	on Ott sect	7 2,	C6021	
860-229-	4898				6. SIC Code	
7. Brief Description of the Cha	oracter of Business Cons	1001/1/CZ	ナンンナ		4151	
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President Name	SSES OF THE OFFI	ICERS ("X" BOX FOR A	TTACHMENT) FILL IN SPACE	ES BEFORE USING AT	TACHMENTS	
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Street Address	DE1110		<u> </u>			
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332 Edge City Yensington	moop kr.		•			
City	State	Zip	City	State	Zip	
Secretary Name	25	06031	•	}	Σ.μ	
Secretary Hume		• • • • • • • • • • • •	Treasurer Name			
Donala A.	DeVivo		: John F. D	٠. ١١٠ ١٠٥		
Street Address			Sircei Address	Clia VENTE	110	
15J CJOCA	- Shop D	٧.	•			
City	State	Zip	*City	NEILL CH	<u> </u>	
Bellin	C-2	15000	(maix E)	State	Zip	
9. NAMES AND ADDRES	SSES OF THE DIRE	CTOPS VAVE BOY FOR	. 00(1)6(2		06439	
Director Name	JOSO OF THE DIKE	CTORS TX BUX FUR	ATTACHMENT) FILL IN SPA	CES BEFORE USING	TTACHMENTS	
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Lensin asa	State		·City	State	Zip	
Hensing ton	C) C45	06031	•		'	
Director Name			Director Name			
Street Address	1. Deviv	10	JOHN F.	Dellaven	2.110	
	٠	,	·Street Address			
151 01004	LShop Du	<i>i</i> .	: JY HUCK	10 Derva	C+.	
City	State	Zip	.City	-1e berry	Zio	
Berlin	65	100031	: G-11/5018	LT	06431	
10. SHARES AUTHORIZ	ED ("X" BOX FOR AT	TACHMENT)	COLL SHARES ISSUED ANY P	OV FOR ATTACABLE		
AUTHORIZED SHARES			ISSUED SHARES			
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his report must be signe	ed in ink by either	ine Fresident, vice P.	resident, Secretary, Assistar	i Secretary, Treasur	er, neceiver or trustee	
his report must be signe	ed in ink by either	ine Fresident, vice P.	Under penalty of perjury	. I declare and affirm th	at I have examined	
his report must be signe	ed in ink by either	me Fresident, vice P.	Under penalty of perjury this report, including any	, I declare and affirm the	at I have examined	
his report must be signe	ed in ink by either	The President, vice P.	Under penalty of perjury this report, including any	, I declare and affirm the	at I have examined	
8/22	ed in ink by either	The President, vice P.	Under penalty of perjury	, I declare and affirm the	at I have examined	
8/22	-/05	The President, vice P.	Under penalty of perjury this report, including any	, I declare and affirm the	at I have examined les and statements, and correct.	
File Date 8/22	-/05	The President, vice P.	Under penalty of perjury this report, including any	, I declare and affirm the	at I have examined les and statements, and correct.	
File Date 8/22	-/05	The President, vice P.	Under penalty of perjury this report, including any and that all statements of	, I declare and affirm the accompanying schedul ontained herein are true	at I have examined les and statements, and correct.	
File Date 8/22 Check No. 261	-/os	The President, vice P.	Under penalty of perjury this report, including any and that all statements of	, I declare and affirm the accompanying schedul ontained herein are true	at I have examined les and statements, and correct.	
File Date 8/22 Check No. 261 By: DA	2/05 35	The President, vice P.	Under penalty of perjury this report, including any and that all statements of	, I declare and affirm the accompanying schedul ontained herein are true	at I have examined les and statements, and correct.	
File Date 8/22 Check No. 261	2/05 35	The President, vice P.	Under penalty of perjury this report, including any and that all statements of	, I declare and affirm the accompanying schedul ontained herein are true	at I have examined les and statements, and correct.	



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 CODDODATION ANNUAL DEPORT FOR THE AR

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1. Corporate ID No	2. Name of Corpon	orton.					
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3. Street Address Principal Bu	smess Office		Zibi —	State	7/5		
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4. Business Phone No.		5. State of Incorporation		<u> </u>	6. SIC Code		
860-229-4878 CONNECTICUT					4151		
7. Brief Description of the Cha	racter of Business Conducted	f in Rhode Island		·			
			AND SCHOOL BUS VEHICLES	3			
8. NAMES AND ADDRE	SSES OF THE OFFICE	ERS: ("X" BOX FOR AT	TACHMENT) FILL IN	SPACES BEFORE USIN	G ATTACHMENTS		
President Name			Vice President Name				
Louis A. DeVivo							
Street Address			Street Address				
332 Edg City Kensington	enoog ke	·					
City V A C C C C L A A A	State	Zip	City	State	Zip		
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Secretary Name	n nous	_	: Treasurer Name				
Street Address	H. DEALL	<u> </u>	John F. Della Ventura				
127 Clo	LLY Shaw	$\nabla \alpha$	JOHN F. Della Ventura Sirrel Address 54 HUCK-le berry Ct. Cuy State Zip Guil Sout CT 04431				
City			- 27 HOCK	le berry	<u>ct.</u>		
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Louis A.	De Vivo		Director same				
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Gity State Zip			V-SC PHILITIAL				
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Kensington	1 65	06031		Sauce	Zip		
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Donard A. Devivo							
SPICE Address			Strong Huckleberry Cr.				
127 CLOCY	- Show Di	<i>(</i> ·	54 HUCX	-leneral C	, **		
City	State	Zip	City	State	Zip		
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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		
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			440	LOMM	\$50		
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This report musi	t be signed in ink by c	ither the President, Vice	President, Secretary, Assista	nt Secretary, Treasurer.	Receiver or Trustee		
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File Date	243/14				1 -1		
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Check No.	114440	_	Signature of Officer	,1	Date		
	<u> </u>	_	Louis	H. DeVive	<u> </u>		
Ву:			Print or Type Name of	(Officer			