



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. 23089		2. Name of Corporation L.P. TRANSPORTATION, INC.			
3. Street Address Principal Business Office 54 Brookside Ave. PO BOX 489			City Chester	State NY	Zip 10918
4. Business Phone No. 845-469-2188		5. State of Incorporation NEW YORK		6. SIC Code 6638	
7. Brief Description of the Character of Business Conducted in Rhode Island TRANSPORTATION OF PROPERTY BY MOTOR VEHICLE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Andrew Palmer			Vice President Name Andrew Palmer, Jr.		
Street Address 282 Laroe Rodd			Street Address PO Box 611		
City Chester	State NY	Zip 10918	City Chester	State NY	Zip 10918
Secretary Name Richard Palmer			Treasurer Name Andrew Palmer		
Street Address 20 Forest Hill Lane			Street Address 282 Laroe Rd.		
City Chester	State NY	Zip 10918	City Chester	State NY	Zip 10918
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Andrew Palmer			Director Name Edith Palmer		
Street Address 282 Laroe Rd.			Street Address 282 Laroe Rd.		
City Chester	State NY	Zip 10918	City Chester	State NY	Zip 10918
Director Name			Director Name		
Street Address			Street Address		
City			City		
State			State		
Zip			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
200 COMM NO PAR VALUE			105		

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



File Date 2-18-05
Check No. 061109
By: UB

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] 2/16/05
Signature of Officer Date
Richard Palmer
Print or Type Name of Officer
Corp. Secretary
Title of Officer



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 OR PRINTED IN BLACK)

Form with sections: 1. Corporate ID No (23089), 2. Name of Corporation (L.P. TRANSPORTATION, INC.), 3. Street Address Principal Business Office (54 Brookside Ave. PO BOX 489, Chester, NY 10918), 4. Business Phone No (845-469-2188), 5. State of Incorporation (NEW YORK), 6. SIC Code (6638), 7. Brief Description of the Character of Business Conducted in Rhode Island (TRANSPORTATION OF PROPERTY BY MOTOR VEHICLE), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: Andrew Palmer, Vice President: Andrew Palmer, Jr., Secretary: Richard Palmer, Treasurer: Andrew Palmer), 9. NAMES AND ADDRESSES OF THE DIRECTORS (Director: Andrew Palmer, Director: Edith Palmer), 10. SHARES AUTHORIZED (200 COMM NO PAR VALUE), 11. SHARES ISSUED (105).

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



* 2 3 0 8 9 *

File Date: 4/2/04
Check No.: 056951
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: [Signature]
Richard Palmer
Print or Type Name of Officer
Corp. Secretary
Title of Officer

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. **23089**
2. Name of Corporation **L.P. TRANSPORTATION, INC.**
3. Street Address Principal Business Office
54 Brookside Ave., PO BOX 489
4. Business Phone No **845-469-2188**
5. State of Incorporation **NEW YORK**

City **Chester** State **NY** Zip **10918**
6. SIC Code **6638**

7. Brief Description of the Character of Business Conducted in Rhode Island
Transportation of Property by Motor Vehicle.

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

President Name **Andrew Palmer**
Street Address **Laroe Road**
City **Chester** State **NY** Zip **10918**

Vice President Name **Andrew Palmer, Jr.**
Street Address **PO BOX 611**
City **Chester** State **NY** Zip **10918**

Secretary Name **Richard Palmer**
Street Address **20 Forest Hill Lane**
City **Chester** State **NY** Zip **10918**

Treasurer Name **Andrew Palmer**
Street Address **Laroe Road**
City **Chester** State **NY** Zip **10918**

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

Director Name **Andrew Palmer**
Street Address **Laroe Road**
City **Chester** State **NY** Zip **10918**

Director Name **Edith Palmer**
Street Address **Laroe Road**
City **Chester** State **NY** Zip **10918**

Director Name
Street Address
City State Zip

Director Name
Street Address
City State Zip

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

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
200 COMM NO PAR VALUE

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

ISSUED SHARES
Number of Shares Class/Series Par Value
105 Common None

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



* 2 3 0 8 9 *

File Date: 2/3/03
Check No: 052817
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] Date 1/31/03

Signature of Officer RICHARD PALMER

Print or Type Name of Officer CORPORATE SECRETARY
Title of Officer 5



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. **23089** 2. Name of Corporation **L.P. TRANSPORTATION, INC.**

3. Street Address Principal Business Office **54 Brookside Ave., PO BOX 489** City **Chester** State **NY** Zip **10918**
4. Business Phone No. **845-469-2188** 5. State of Incorporation **NEW YORK** 6. SIC Code **6638**

7. Brief Description of the Character of Business Conducted in Rhode Island
Transportation of Property by Motor Vehicle.

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

President Name Andrew Palmer	Vice President Name Andrew Palmer, Jr.
Street Address Laroe Road	Street Address PO BOX 611
City Chester State NY Zip 10918	City Chester State NY Zip 10918
Secretary Name Richard Palmer	Treasurer Name Andrew Palmer
Street Address 20 Forest Hill Lane	Street Address Laroe Road
City Chester State NY Zip 10918	City Chester State NY Zip 10918

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

Director Name Andrew Palmer	Director Name Edith Palmer
Street Address Laroe Road	Street Address Laroe Road
City Chester State NY Zip 10918	City Chester State NY Zip 10918
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
200 COMM NO PAR VALUE		NONE

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

ISSUED SHARES	Class/Series	Par Value
105	Common	NONE

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



* 2 3 0 8 9 *

File Date: 2/4/02
Check No.: 048970
By: [Signature]

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] 1/30/02
Signature of Officer Date

Print or Type Name of Officer
Title of Officer



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. **23089** 2. Name of Corporation **L.P. TRANSPORTATION, INC.**

3. Street Address Principal Business Office **54 Brookside Ave., PO BOX 489** City **Chester** State **NY** Zip **10918**

4. Business Phone No. **845-469-2188** 5. State of Incorporation **NEW YORK** 6. SIC Code **6638**

7. Brief Description of the Character of Business Conducted in Rhode Island
Transportation Of Property by Motor Vehcile

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

President Name Andrew Palmer	Vice President Name Andrew Palmer Jr.
Street Address Laroe Road	Street Address PO BOX 611
City State Zip Chester NY 10918	City State Zip Chester NY 10918
Secretary Name Richard Palmer	Treasurer Name Andrew Palmer
Street Address 20 Forest Hill Lane	Street Address Laroe Road
City State Zip Chester NY 10918	City State Zip Chester NY 10918

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

Director Name Andrew Palmer	Director Name Edith Palmer
Street Address Laroe Road	Street Address Laroe Road
City State Zip Chester NY 10918	City State Zip Chester NY 10918
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
200	Common	None

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

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
105	Common	None

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



* 2 3 0 8 9 *

FILED

File Date: **FEB 05 2001**

Check No.: **CC 044771**

By: _____

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.

R2/6 **1/32/01**

Signature of Officer Date

RICHARD L. PALMER

Print or Type Name of Officer

SECRETARY

Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **23089** 2. Name of Corporation **L.P. TRANSPORTATION, INC.**
 3. Street Address Principal Business Office **54 Brookside Ave** City **Chester** State **NY** Zip **10918**
 4. Business Phone No. **914-469-2188** 5. State of Incorporation **NEW YORK** 6. SIC Code **6638**
 7. Brief Description of the Character of Business Conducted in Rhode Island
Transportation of Property by Motor Vehicle

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

<i>President Name</i> Andrew Palmer			<i>Vice President Name</i> Andrew Palmer Jr.		
<i>Street Address</i> Laroe Road			<i>Street Address</i> PO BOX 611		
<i>City</i> Chester	<i>State</i> NY	<i>Zip</i> 10918	<i>City</i> Chester	<i>State</i> NY	<i>Zip</i> 10918
<i>Secretary Name</i> Richard Palmer			<i>Treasurer Name</i> Andrew Palmer		
<i>Street Address</i> 20 Forest Hill Lane			<i>Street Address</i> Laroe Road		
<i>City</i> Chester	<i>State</i> NY	<i>Zip</i> 10918	<i>City</i> Chester	<i>State</i> NY	<i>Zip</i> 10918

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

<i>Director Name</i> Andrew Palmer			<i>Director Name</i> Edith Palmer		
<i>Street Address</i> Laroe Road			<i>Street Address</i> Laroe Road		
<i>City</i> Chester	<i>State</i> NY	<i>Zip</i> 10918	<i>City</i> Chester	<i>State</i> NY	<i>Zip</i> 10918
<i>Director Name</i>			<i>Director Name</i>		
<i>Street Address</i>			<i>Street Address</i>		
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

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

AUTHORIZED SHARES		
<i>Number of Shares</i>	<i>Class/Series</i>	<i>Par Value</i>
200	Common	None

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

ISSUED SHARES		
<i>Number of Shares</i>	<i>Class/Series</i>	<i>Par Value</i>
105	Common	None

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



* 2 3 0 8 9 *

File Date: 1/14/00
 Check No.: 10261
 By: GMA

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.

R. Palmer 1/11/00
 Signature of Officer Date
RICHARD L. PALMER
 Print or Type Name of Officer
SECRETARY
 Title of Officer

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **23089** 2. Name of Corporation **L.P. TRANSPORTATION, INC.**

3. Street Address Principal Business Office **54 BROOKSIDE AVE PO BOX 489** City **CHESTER** State **NY** Zip **10918**

4. Business Phone No. **(914) 469-2183** 5. State of Incorporation **NEW YORK** 6. SIC Code **6638**

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

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

President Name Andrew Parnice	Vice President Name CHRISTOPHER LAUGEL
Street Address LA ROE RD	Street Address GLEW DRIVE
City CHESTER State NY Zip 10918	City GOSHEN State NY Zip 10924
Secretary Name CHRISTOPHER LAUGEL	Treasurer Name Andrew Parnice
Street Address GLEW DRIVE	Street Address LA ROE RD
City GOSHEN State NY Zip 10918	City CHESTER State NY Zip 10918

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

Director Name Andrew Parnice	Director Name EDITH PARNICE
Street Address LA ROE RD	Street Address LA ROE RD
City CHESTER State NY Zip 10918	City CHESTER State NY Zip 10918

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

AUTHORIZED SHARES	Class/Series	Par Value
200	Common	None

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

ISSUED SHARES	Class/Series	Par Value
105	Common	None

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



File Date: May 8, 99

Check No.: 37027

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: [Signature] Date: 3/5/99

Print or Type Name of Officer: Chris Langevin

Title of Officer: Vice President



1998



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **23089** 2. Name of Corporation **L.P. TRANSPORTATION, INC.**

3. Street Address Principal Business Office
Route 17M P.O. Box 489
City **Chester** State **NY** Zip **10918**

4. Business Phone No. **914-469-2188** 5. State of Incorporation **NEW YORK** 6. SIC Code **6538**

7. Brief Description of the Character of Business Conducted in Rhode Island
Transportation of property by motor vehicle.

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

President Name Andrew Palmer Street Address LaRoe Road City Chester State NY Zip 10918	Vice President Name Christopher Lavell Street Address Gregory Drive City Goshen State NY Zip 10924
Secretary Name Christopher Lavell Street Address Gregory Drive City Goshen State NY Zip 10924	Treasurer Name Andrew Palmer Street Address LaRoe Road City Chester State NY Zip 10918

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

Director Name Andrew Palmer Street Address LaRoe Road City Chester State NY Zip 10918	Director Name Edith Palmer Street Address LaRoe Road City Chester State NY Zip 10918
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10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
200	Common	None

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

ISSUED SHARES	Class/Series	Par Value
105	Common	

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



File Date: 3/11

Check No.: 9818

By: 10/10

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 [Signature] Date 3/11/98

Christopher Lavell

Print or Type Name of Officer

Vice President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **23089** 2. Name of Corporation **L.P. TRANSPORTATION, INC.**

3. Street Address Principal Business Office
Route 17M P.O. Box 489
City **Chester** State **NY** Zip **10918**

4. Business Phone No. **914/469-2188** 5. State of Incorporation **NEW YORK** 6. SIC Code **6638**

7. Brief Description of the Character of Business Conducted in Rhode Island
Transportation of property by motor vehicle.

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

President Name Andrew Palmer	Vice President Name Robert Connoly
Street Address LaRoe Road	Street Address Oak Ridge Road
City Chester State NY Zip 10918	City Middletown State NY Zip 10940
Secretary Name Christopher Cavell	Treasurer Name Andrew Palmer
Street Address Gregory Drive	Street Address LaRoe Road
City Goshen State NY Zip 10924	City Chester State NY Zip 10918

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

Director Name Andrew Palmer	Director Name Edith Balmer
Street Address LaRoe Road	Street Address LaRoe Road
City Chester State NY Zip 10918	City Chester State NY Zip 10918
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200	Common	None	105	Common	

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



File Date: 2/13/97

Check No.: 9582

By: CCP

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: [Signature] Date: 1/31/97

Print or Type Name of Officer: Robert Connoly

Title of Officer: Vice President

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 23089		2. NAME OF CORPORATION L.P. TRANSPORTATION, INC.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE Route 17M P.O. Box 489		CITY Chester	STATE NY
4. BUSINESS PHONE NO. 914/469-2188		5. STATE OF INCORPORATION NEW YORK	6. SIC CODE 6638

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND
Transportation of property by motor vehicle.

B. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Andrew Palmer			VICE PRESIDENT NAME Robert Connoly		
STREET ADDRESS LaRoe Road			STREET ADDRESS OAK Ridge Road		
CITY Chester	STATE NY	ZIP CODE 10918	CITY Middletown	STATE NY	ZIP CODE 10940
SECRETARY NAME Christopher Lavell			TREASURER NAME Andrew Palmer		
STREET ADDRESS Gregory Drive			STREET ADDRESS LaRoe Road		
CITY Goshen	STATE NY	ZIP CODE 10924	CITY Chester	STATE NY	ZIP CODE 10918

B. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME Andrew Palmer			DIRECTOR NAME Edith Palmer		
STREET ADDRESS LaRoe Road			STREET ADDRESS LaRoe Road		
CITY Chester	STATE NY	ZIP CODE 10918	CITY Chester	STATE NY	ZIP CODE 10918
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE

10. SHARES AUTHORIZED AND ISSUED

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
200	Common	None	105	Common	None

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.

Robert Connoly
Signature of Officer
Robert Connoly
Print or Type Name of Officer
Vice President
Title of Officer
01/17/96
Date

File Date: 1/19/96
Check No: 9159
By: *JMX*
For Secretary of State Use Only



CK # 8829 MNC

ANNUAL REPORT

Please Type or Print
 File Annually - Jan. 1 - March 1
 Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

002502B

1995

Corporate ID: _____ Annual Report for the year: _____

L.P. TRANSPORTION, INC.

Name of Corporation: _____

Business entity organized under the laws of the State of: New York

Business Entity is (check one):

For foreign entity, address and telephone number of principal office.

Business Corporation (See RIGL Chapter 7-1.1)

Route 17M P.O. Box 489

Professional Service Corporation (See RIGL Chapter 7-5.1)

Chester NY 10918

Phone: (914) 469-2188

Brief statement of the character of business conducted in Rhode Island:
 Transportation of Property by
 Motor Vehicle.

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

Abraham Belilove

1510 Hospital Trust Tower Bldg.

Providence, RI 02903

Phone: ()

THE NAMES OF THE OFFICERS ARE:

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Andrew Palmer	LaRce Road	Chester, NY	10918
VICE PRESIDENT Robert Connolly	Oak Ridge Road	Middletown, NY	10940
SECRETARY Christopher Lavell	Gregory Drive	Goshen, NY	10924
TREASURER Andrew Palmer	LaRoe Road	Chester, NY	10918

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Andrew Palmer	LaRoe Road	Chester, NY	10918
Edith Palmer	LaRoe Road	Chester, NY	10918

NUMBER OF SHARES AUTHORIZED (Rider may be attached)	
Number of Shares	Class / Series
200	Common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)	
Number of Shares	Class / Series
105	Common

Date February 1, 1995

By: Robert Connolly
 VICE PRESIDENT
 TITLE OF OFFICER SIGNING

Form 31 195

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

ABRAHAM BELILOVE
 1510 HOSPITAL TRUST TOWER BLDG.
 PROVIDENCE RI 02903

CK # 8829
 2/3/95

MNC

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

8163

Corporate ID 0023089 Annual Report for the year 1993

FIRST: The name of the corporation is L.P. TRANSPORTATION, INC.

SECOND: It is incorporated under the laws of NEW YORK

THIRD: Character of business, briefly stated, is TRANSPORTATION OF PROPERTY

FOURTH: If foreign corporation, address of its principal office MAIN & CROSS ST., P.O. BOX 489
CHESTER, NY 10918

FIFTH: Business address in Rhode Island ABRAHAM BELILOVE
1510 HOSPITAL TRUST TOWER BUILDING-PROVIDENCE, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
ANDREW PALMER	Director	LA ROE ROAD CHESTER, NY 10918
EDITH PALMER	Director	LA ROE ROAD CHESTER, NY 10918
	Director	
ANDREW PALMER	President	LA ROE ROAD CHESTER, NY 10918
ROBERT CONNOLLY	Vice President	OAK RIDGE ROAD MIDDLETOWN, NY 10940
CHRISTOPHER LAVELL	Secretary	GREGORY DRIVE GOSHEN, NY 10924
ANDREW PALMER	Treasurer	LA ROE ROAD CHESTER, NY 10918

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	COMMON	NOT APPLICABLE	NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
105	COMMON	NOT APPLICABLE	NO PAR

RECEIVED
CORPORATIONS DIVISION
FEB 11 1993

Dated JANUARY 25 19 93

L.P. TRANSPORTATION, INC.
(Name of Corporation)

By *Robert Connolly*

Title VICE PRESIDENT

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 23089 Annual Report for the year 1992

FIRST: The name of the corporation is L.P. TRANSPORTATION, INC.

SECOND: It is incorporated under the laws of NEW YORK

THIRD: Character of business, briefly stated, is TRANSPORTATION OF PROPERTY

FOURTH: If foreign corporation, address of its principal office MAIN & CROSS ST. PO BOX 489
CHESTER, NY 10918

FIFTH: Business address in Rhode Island ABRAHAM BELILOVE
1510 HOSPITAL TRUST TOWER BUILDING-PROVIDENCE RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
ANDREW PALMER	Director	LA ROE ROAD CHESTER, NY 10918
EDITH PALMER	Director	LA ROE ROAD CHESTER, NY 10918
	Director	
ANDREW PALMER	President	LA ROE ROAD CHESTER, NY 10918
ROBERT CONNOLLY	Vice President	OAK RIDGE ROAD MIDDLETOWN, NY 10940
CHRISTOPHER LAVELL	Secretary	MAPLE AVE. CHESTER, NY 10918
ANDREW PALMER	Treasurer	LA ROE ROAD CHESTER, NY 10918

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	COMMON	NOT APPLICABLE	NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
105	COMMON	NOT APPLICABLE	NO PAR

Dated November 23 19 92

L.P. TRANSPORTATION, INC.
(Name of Corporation)

By 

Title VICE PRESIDENT

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 23089 Annual Report for the year 1991

FIRST: The name of the corporation is L.P. TRANSPORTATION, INC.

SECOND: It is incorporated under the laws of NEW YORK

THIRD: Character of business, briefly stated, is TRANSPORTATION OF PROPERTY

FOURTH: If foreign corporation, address of its principal office MAIN & CROSS ST. PO BOX 489
CHESTER, NY 10918

FIFTH: Business address in Rhode Island U.S. CORPORATION COMPANY
705 HOSPITAL TRUST BUILDING - PROVIDENCE RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
ANDREW PALMER	Director	LA ROE ROAD CHESTER, NY 10918
EDITH PALMER	Director	LA ROE ROAD CHESTER, NY 10198
	Director	
ANDREW PALMER	President	LA ROE ROAD CHESTER, NY 10918
ROBERT CONNOLLY	Vice President	OAK RIDGE ROAD MIDDLETOWN, NY 10940
CHRISTOPHER LAVELL	Secretary	MAPLE AVE. CHESTER, NY 10918
ANDREW PALMER	Treasurer	LA ROE ROAD CHESTER, NY 10918

SEVENTH: Number of Shares authorized:

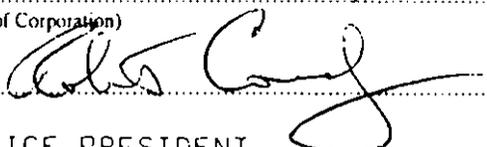
No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	COMMON	NOT APPLICABLE	NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
105	COMMON	NOT APPLICABLE	NO PAR

Dated November 23 19 92

L.P. TRANSPORTATION, INC.
(Name of Corporation)

By 
Title VICE PRESIDENT

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 23089 Annual Report for the year 1990

FIRST: The name of the corporation is L.P. TRANSPORTATION, INC.

SECOND: It is incorporated under the laws of NEW YORK

THIRD: Character of business, briefly stated, is TRANSPORTATION OF PROPERTY

FOURTH: If foreign corporation, address of its principal office MAIN & CROSS ST. - PO BOX 489
CHESTER, NY 10918

FIFTH: Business address in Rhode Island U.S. CORPORATION COMPANY
705 HOSPITAL TRUST BUILDING - PROVIDENCE RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>ANDREW PALMER</u>	<u>Director</u>	<u>LA ROE ROAD CHESTER, NY 10918</u>
<u>EDITH PALMER</u>	<u>Director</u>	<u>LA ROE ROAD CHESTER, NY 10918</u>
	<u>Director</u>	
<u>ANDREW PALMER</u>	<u>President</u>	<u>LA ROE ROAD CHESTER, NY 10918</u>
<u>ROBERT CONNOLY</u>	<u>Vice President</u>	<u>OAK RIDGE ROAD MIDDLETOWN, NY 10940</u>
<u>CHRISTOPHER LAVELL</u>	<u>Secretary</u>	<u>MAPLE AVE. CHESTER, NY 10918</u>
<u>ANDREW PALMER</u>	<u>Treasurer</u>	<u>LA ROE ROAD CHESTER, NY 10918</u>

SEVENTH: Number of Shares authorized:

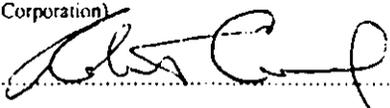
No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>COMMON</u>	<u>NOT APPLICABLE</u>	<u>NO PAR</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>105</u>	<u>COMMON</u>	<u>NOT APPLICABLE</u>	<u>NO PAR</u>

Dated November 23 19 92

L.P. TRANSPORTATION, INC.
(Name of Corporation)

By 
Title VICE PRESIDENT

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

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Corporate ID 23089 Annual Report for the year 1989

FIRST: The name of the corporation is L.P. TRANSPORTATION, INC.

SECOND: It is incorporated under the laws of NEW YORK

THIRD: Character of business, briefly stated, is TRANSPORTATION OF PROPERTY

FOURTH: If foreign corporation, address of its principal office MAIN & CROSS ST. - PO BOX 489
CHESTER, NY 10918

FIFTH: Business address in Rhode Island U.S. CORPORATION COMPANY
705 HOSPITAL TRUST BUILDING - PROVIDENCE RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
ANDREW PALMER	Director	LA ROE ROAD CHESTER, NY 10918
EDITH PALMER	Director	LA ROE ROAD CHESTER, NY 10918
	Director	
ANDREW PALMER	President	LA ROE ROAD CHESTER, NY 10918
ROBERT CONNCLY	Vice President	OAK RIDGE ROAD MIDDLETOWN, NY 10940
CHRISTOPHER LAVELL	Secretary	MAPLE AVE. CHESTER, NY 10918
ANDREW PALMER	Treasurer	LA ROE ROAD CHESTER, NY 10918

SEVENTH: Number of Shares authorized:

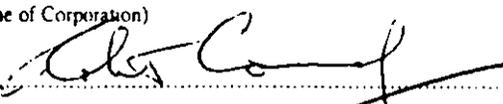
No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	COMMON	NOT APPLICABLE	NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
105	COMMON	NOT APPLICABLE	NO PAR

Dated November 23 19 89

L.P. TRANSPORTATION, INC.
(Name of Corporation)

By 
Title Vice President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 23089 Annual Report for the year 1988

FIRST: The name of the corporation is L.P. TRANSPORTATION, INC.

SECOND: It is incorporated under the laws of New York

THIRD: Character of business, briefly stated, is Transportation of Property

FOURTH: If foreign corporation, address of its principal office Main & Cross St. P.O. Box 489
Chester, NY 10918

FIFTH: Business address in Rhode Island U.S. CORPORATION COMPANY
705 HOSPITAL TRUST BUILDING - PROVIDENCE RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
ANDREW PALMER	Director	LA ROE ROAD CHESTER, NY
EDITH PALMER	Director	LA ROE ROAD CHESTER, NY
	Director	
ANDREW PALMER	President	LA ROE ROAD CHESTER, NY
ROBERT CONNCLY	Vice President	OAK RIDGE ROAD MIDDLETOWN, NY
PAUL KREHER	Secretary	OAKLAND AVE CHESTER, NY
ANDREW PALMER	Treasurer	LA ROE ROAD CHESTER, NY

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	COMMON	NOT APPLICABLE	NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
105	COMMON	NOT APPLICABLE	NO PAR

PAID

MAR 28 1988

NOT APPLICABLE

Dated February 29 19 88

L.P. TRANSPORTATION, INC.
(Name of Corporation)

By Title Vice President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 23089 Annual Report for the year 1987

FIRST: The name of the corporation is L.P. TRANSPORTATION, INC.

SECOND: It is incorporated under the laws of NEW YORK

THIRD: Character of business, briefly stated, is Transportation of Property

FOURTH: If foreign corporation, address of its principal office. Main & Cross St. PO Box 489
Chester, NY 10918

FIFTH: Business address in Rhode Island U.S. CORPORATION COMPANY
705 HOSPITAL TRUST BUILDING - PROVIDENCE RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
<u>ANDREW PALMER</u>	<u>Director</u>	<u>LA ROE ROAD CHESTER, NY</u>
<u>EDITH PALMER</u>	<u>Director</u>	<u>LA ROE ROAD CHESTER, NY</u>
	<u>Director</u>	
<u>ANDREW PALMER</u>	<u>President</u>	<u>LA ROE ROAD CHESTER, NY</u>
<u>ROBERT CONNOLY</u>	<u>Vice President</u>	<u>OAK RIDGE ROAD MIDDLETOWN, NY</u>
<u>PAUL KREHER</u>	<u>Secretary</u>	<u>OAKLAND AVE. CHESTER, NY</u>
<u>ANDREW PALMER</u>	<u>Treasurer</u>	<u>LA ROE ROAD CHESTER, NY</u>

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>200</u>	<u>COMMON</u>	<u>NOT APPLICABLE</u>	<u>NO PAR</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>105</u>	<u>COMMON</u>	<u>NOT APPLICABLE</u>	<u>NO PAR</u>

PAID
MAR 10 1987
SECY OF STATE

PM
27 1987

Dated FEBRUARY 27 19 87

L.P. TRANSPORTATION, INC.
(Name of Corporation)

By [Signature]

Title Vice President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 23089 Annual Report for the year 1986

FIRST: The name of the corporation is L.P. TRANSPORTATION, INC.

SECOND: It is incorporated under the laws of NEW YORK

THIRD: Character of business, briefly stated, is TRANSPORTATION OF PROPERTY

FOURTH: If foreign corporation, address of its principal office MAIN & CROSS ST. PO BOX 489
CHESTER, NY 10918

FIFTH: Business address in Rhode Island U.S. CORPORATION COMPANY
705 HOSPITAL TRUST BUILDING - PROVIDENCE, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
ANDREW PALMER	Director	LA ROE ROAD CHESTER, NY
EDITH PALMER	Director	LA ROE ROAD CHESTER, NY
	Director	
ANDREW PALMER	President	LA ROE ROAD CHESTER, NY
ROBERT CONNOLY	Vice President	BEERS DRIVE MIDDLETOWN, NY
PAUL KREHER	Secretary	OAK LAND AVE. CHESTER, NY
ANDREW PALMER	Treasurer	LA ROE ROAD CHESTER, NY

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	COMMON	NOT APPLICABLE	NO PAR

EIGHTH: Number of Shares issued:

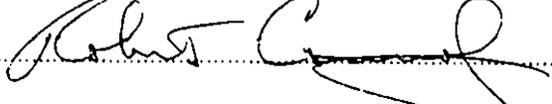
No. of Shares	Class	Series	Par Value or statement that shares are without par value
105	COMMON	NOT APPLICABLE	NO PAR

PAID
APR 3 1986
TREASURY

Dated FEBRUARY 28 19 86 L.P. TRANSPORTATION, INC.
(Name of Corporation)

APR 09 ENT'D 

By VICE PRESIDENT

Title 

(Report must be signed by an officer)

RECEIVED MAR 1 2 1986

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 23089 Annual Report for the year 1985

FIRST: The name of the corporation is L.P. TRANSPORTATION, INC.

SECOND: It is incorporated under the laws of NEW YORK

THIRD: Character of business, briefly stated, is TRANSPORTATION OF PROPERTY

FOURTH: If foreign corporation, address of its principal office MAIN & CROSS ST.,
CHESTER, NY 10918

FIFTH: Business address in Rhode Island U.S. CORPORATION COMPANY
705 HOSPITAL TRUST BUILDING - PROVIDENCE, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
ANDREW PALMER	Director	LA ROE ROAD, CHESTER, NY
	Director	
	Director	
ANDREW PALMER	President	LA ROE ROAD, CHESTER, NY
ROBERT CONNOLLY	Vice President	BEERS DRIVE, MIDDLETOWN, N.Y.
PAUL KREHER	Secretary	CAKLAND AVE., CHESTER, NY
ANDREW PALMER	Treasurer	LA ROE ROAD, CHESTER, NY

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	COMMON	NOT APPLICABLE	NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
105	COMMON	NOT APPLICABLE	NO PAR

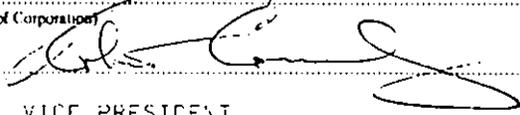
Dated FEBRUARY 22, 1985



PAY TO THE ORDER OF
GENERAL TREASURER
SUSAN L. FARMER
(Report must be signed by an officer)

L.P. TRANSPORTATION, INC.

(Name of Corporation)

By 

Title VICE PRESIDENT

Form 31 1/85

L.P. TRANSPORTATION, INC.
U.S. CORP. CO.
101 DYER STREET
PROVIDENCE RI

Vertical line of text on the left side of the page.

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is L. P. TRANSPORTATION INC.

SECOND: It is incorporated under the laws of NEW YORK

THIRD: Character of business, briefly stated, is TRANSPORTATION OF PROPERTY

FOURTH: If foreign corporation, address of its principal office MAIN & CROSS ST.
CHESTER, N. Y. 10918

FIFTH: Business address in Rhode Island
U. S. CORPORATION COMPANY
705 HOSPITAL TRUST BUILDING - PROVIDENCE, R.I. 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
ANDREW PALMER	Director	LA ROE ROAD, CHESTER, N.Y.
	Director	
	Director	
ANDREW PALMER	President	LA ROE ROAD, CHESTER, N.Y.
ROBERT CONNOLLY	Vice President	BEERS DRIVE, MIDDLETOWN, N.Y.
PAUL KREHER	Secretary	OAKLAND AVE., CHESTER, N.Y.
ANDREW PALMER	Treasurer	LA ROE ROAD, CHESTER, N.Y.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	COMMON	NOT APPLICABLE	NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
105	COMMON	NOT APPLICABLE	NO PAR

Dated: FEBRUARY 29 19 84

L.P. TRANSPORTATION, INC.

(Name of Corporation)

MAR 22 1984
J.R.

22 84
56741
FILE

VICE PRESIDENT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is L.P. TRANSPORTATION INC.

SECOND: It is incorporated under the laws of NEW YORK

THIRD: Character of business, briefly stated, is TRANSPORTATION OF PROPERTY

FOURTH: If foreign corporation, address of its principal office NATH & CROSS ST.
CHESTER, NY 10918

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address)
U.S. CORPORATION COMPANY
705 HOSPITAL TRUST BUILDING - PROVIDENCE, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
ANDREW PALMER	Director	LA ROE ROAD CHESTER, NY
	Director	
	Director	
ANDREW PALMER	President	LA ROE ROAD CHESTER, NY
ROBERT CONNOLLY	Vice President	ELERS DRIVE MIDDLETOWN, NY
PAUL KREHER	Secretary	OAKLAND AVE CHESTER, NY
ANDREW PALMER	Treasurer	LA ROE ROAD CHESTER, NY

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	COMMON	NOT APPLICABLE	NO PAR

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
105	COMMON	NOT APPLICABLE	NO PAR

FEB 25 1983
22
83
L.P. TRANSPORTATION, INC.

Dated: FEBRUARY 16 19 83

(Name of Corporation)
By: [Signature]
Title: VICE PRESIDENT
(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040



Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1982

FIRST: The name of the corporation is L.P. TRANSPORTATION INC.

SECOND: It is incorporated under the laws of NEW YORK

THIRD: Character of business, briefly stated, is TRANSPORTATION OF PROPERTY
BY MOTOR VEHICLE.

FOURTH: If foreign corporation, address of its principal office MAIN & CROSS ST.
CHESTER, N.Y. 10918

FIFTH: Business address in Rhode Island (blank reports will be mailed to this
address) U.S. Corporation Company
705 HOSPITAL TRUST BUILDING PROVIDENCE, R.I. 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
ANDREW PALMER	Director	LAROE ROAD CHESTER, N.Y.
	Director	
	Director	
ANDREW PALMER	President	LAROE ROAD CHESTER, N.Y.
ROBERT CONNOLLY	Vice President	BEERS DRIVE MIDDLETOWN, N.Y.
PAUL KREHER	Secretary	OAKLAND AVE. CHESTER, N.Y.
ANDREW PALMER	Treasurer	LAROE ROAD CHESTER, N.Y.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	COMMON	NOT APPLICABLE	WITHOUT PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
105	COMMON	NOT APPLICABLE	WITHOUT PAR VALUE

Dated: March 1 1982

L.P. TRANSPORTATION, INC.
(Name of Corporation)

By *[Signature]*
Title VICE PRESIDENT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,
Form #9 must be filed. Please contact Corporation Division for information, 277-3040

APR 19 1982

1982

L.P. TRANSPORTATION, INC. L.P.D.

By *[Signature]*

Title VICE PRESIDENT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,
Form #9 must be filed. Please contact Corporation Division for information, 277-3040

If the corporation has changed its registered office and/or its registered agent,
Form #9 must be filed. Please contact Corporation Division for information, 277-3040

If the corporation has changed its registered office and/or its registered agent,
Form #9 must be filed. Please contact Corporation Division for information, 277-3040

1