



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. 143091		2. Name of Corporation TRAVELERS' TRANSIT, INC.			
3. Street Address Principal Business Office 664 Front Street			City Woonsocket	State RI	Zip 02895
4. Business Phone No. 766-5900		5. State of Incorporation MASSACHUSETTS			6. SIC Code 6114
7. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A GENERAL TAXI CAB BUSINESS AND TO OWN AND OPERATE MOTOR VEHICLES FOR RENT AND HIRE AND CONDUCT A GENERAL JITNEY SERVICE					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name William R. Legare			Vice President Name Judith A. Legare		
Street Address 106 Grove Street			Street Address 106 Grove Street		
City Millville	State MA	Zip 01529	City Millville	State MA	Zip 01529
Secretary Name Scott K. Keefer			Treasurer Name William R. Legare		
Street Address 2970 Mendon Road, Unit 49			Street Address 106 Grove Street		
City Cumberland	State RI	Zip 02864	City Millville	State MA	Zip 01529
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name William R. Legare			Director Name None		
Street Address 106 Grove Street			Street Address		
City Millville	State MA	Zip 01529	City	State	Zip
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 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 2/25/05
Check No 3639
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] 2/25/05
Signature of Officer Date
Scott K. Keefer
Print or Type Name of Officer
Secretary
Title of Officer