

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

. Corporate ID No	2. Name of Cor					
108796	D. RAY, IN	·	Ciry	State	Zip	
3. Street Address Principal Busin 10 VENTRY DRIVE	ness Office		CUMBERLAND	RI	02864	
1. Business Phone No.		5. State of Incorpor			6. SIC Code	
401-640-3377	RHODE ISLAN				0	
Brief Description of the Char		onducted in Rhode Island				
COMMERCIAL TRUCKING 8-NAMES AND ADDRES		REIGERS EXTROX FOR	ATTAGINENT □ fick N SPA	GES BEFORE USING AT	TACHMENTS	
President Name	mengenegani katernes astat	1.44 Will Property and Committee of the	Vice President Name			
DANIEL R. RAY			Richard_Ray Street Address			
Sireet Address 10 Ventry DRIVE			· 10 Ventry Dr	ivo		
- <u></u>	State	Zip	City DI	State	Zip	
City CUMBERLAND	RI	02864	Cumberland Treasurer Name	ŖI	02864	
iecretary Name DANIEL R. RAY			DANIEL R. RAY			
Street Address			Street Address			
10 Ventřý DRIVE			.10 Ventry DRIVI	•		
City	State	Zip	*City	State	Zip	
CUMBERLAND	RI	02864	CUMBERLAND	RI	02864	
Director Name	ध्रक्षक (दिस्मा <u>क</u> ्	RECIONS (ASSESSED	Ortine Charles In 1914 INS Director Name	MOSSIL TORSUSING	ATTAGHMENTS	
NONE			•			
Street Address			· Street Address			
City	State	Zip	·City	State	Zip	
Director Name			Director Name	l <i></i>	!	
Street Address			Street Address			
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City	State	Zip	.City	State	Zip	
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AUTHORIZED SHARES		D 1'ab	ISSUED SHARES Number of Shares	Class/Series	Par Value	
Number of Shares	Class/Series_	Par Value	Number of Shares	Chasteries		
100 \$1.00 PAR VALUE	Ē		51	COMMON	\$1.00	
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This report must be sign	ed in ink hue	ither the President Vie	ce President, Secretary, Assis	tant Secretary, Treas	urer, Receiver or Trus	
This report must be sign	ieu in inn by e	inter the President, ri		,,,	,	
			L'order negality of neg	jury, I declare and affirm	that I have examined	
1 U 6	7 9 6		this report, including	any accompanying sche	dules and statements,	
		- 	and that all statemen	its contained herein are tr	nue and correct.	
(**1)			15	$\searrow V_{\wedge}$ 1	0 0000	
File Date FILED			Simil Ex	VAVX I	10-18-07	
Check No. MAR 2 8 /11 - 1434			Signature of Officer		Date	
Check No. MAIL Z 8 / 11(1/2			DANIEL R.			
By By			Print or Type Name of			
By:			PRESIDEN	<u> </u>		
FOR SECRETARY OF STAT	E USE ONLY	l l	Title of Officer		Form 630 1	



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

ruing Feriou: Junuary		tung ree: \$50.00			
FORM MUST BE TYPED			<u>.</u>		
I. Corporale ID No. 108796	2. Name of Corpo D. RAY, INC				
3. Street Address Principal E	Business Office		City	State	Zip
10 VENTURY DRIV	/E		CUMBERLAND	RI	02864
4. Business Phone No.		5. State of Incorpora	ation	<u></u>	6. SIC Code
(401) 640-3377 RHODE ISLAN			ND		0
7. Brief Description of the C COMMERCIAL TRUCKI	haracter of Business Col	nducted in Rhode Island BR RELATED BUSINE	99		
8. NAMES AND ADDR	ESSES OF THE OF	FICERS (CXE BOX FOR	ATTACHMENT) FILLUNS	PACES BEFORE USING AT	TTACHMENTS EXECUTE
Presideni Nome			Vice President Name		
DANIEL R. RAY			•		· · · · · · · · · · · · · · · · · · ·
Street Address	_		Street Address		
10 VENTURY DRIV	·		·		
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864		 	. ! <i></i>
Secretary Name			Treasurer Name		
DANIEL R. RAY			DANIEL R. RAY		
Street Address	T.		Street Address		
10 VENTURY DRIV	 		.10 VENTURY DRI		· ·
City	State	Zip	City	State	Zip
CUMBÈRLAND	RI	02864	. CUMBERLAND	RI	02864
9 NAMES AND ADDR Director Name	ESSES OF THE DIR	ECTORSICX BOX FO	ORATIZETINENT) (NATULON	SPACES BEFORE USING	ATTACHMENTS
			Director Name		
NONE			···		
Street Address			Street Address •		
City	State	Zip	·City	State	Zip
·_ • • • • • • • • • • • •			· ·]
Director Name			• Director Name •		
Street Address		 	Street Address		
City	State	Zip	City	State	Zip
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10. SHARES AUTHOR	IDED CAR BOX FOR	ATTACHMENTS Will	(DASHARESHSSUEDA	XP BOX FORWITACHMEN	DID A CHARACTER WAS
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Por Value	Number of Shares	Class/Series	Par Value
100 \$1.00 PAR VALU	IF		51	COMMON	\$1.00
This report must he sign	ened in ink hu oith	er the Prosident Vice	e President, Secretary, Ass.	istant Secretary Treas	urer Receiver or Truste
ma report must be sig	5 new in this by elin	er ine i resident, PICC	a resident, decretary, Assi	alam becretary, freusi	mer, necesser or iruste
	 				
1 0	8 7 9 6			rjury, I declare and affirm	
			this report, including	g any accompanying sched	dules and statements,
_	121-1		and that all stateme	nts contained herein are tn	se and correct.
	112101			XAI ZRES	7.76.00
File Date		_	- ing	<u> </u>	
[2]			Signature of Officer		Date
Check No			<u>DANIEL R.</u>		·
			Print or Type Name o		
ο <u>γ.</u>			PRESIDEN	IT	
FOR SECRETARY OF STATE USE ONLY			Title of Officer		Form 630 12/0

Title of Officer



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

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FORM MUST BE TYPED OR PR 1. Corporate ID No.	INTED IN BLACK) 2. Name of Corpora	tian					
108796	D. Ray, Inc.						
3. Street Address Principal Busin	•		City	State	Zip		
•	load		Cumberland	RI	02864		
4. Business Phone No.	•	5. State of incorporati	on		6. SIC Code		
640-3377		RHODE ISLA	ND		0		
7. Brief Description of the Chara	cter of Business Conducted I	n Rhode Island					
		other related l	business TACHMENT) · FILL IN SPACES Vice President Name	BEFORE USING ATTAC	CHMENTS		
Daniel R. Ray			Street Address				
3571 Mendon Ro				_	_,		
City	State	Zip	City	State	Zip		
Cumberland	RI	02864	Therenes Name				
Secretary Name			. Treasurer Name	N7			
Daniel R. Ray			Daniel R. Ra	У			
3571 Mendon Road			3571 Mendon Road				
City	State	Zip	City	State	Zip		
Cumberland	RI	02864	Cumberland	RI	02864		
9. NAMES AND ADDR		ECTORS ("X" BOX FOR	ATTACHMENT) FILL IN SPACE	ES BEFORE USING ATT	ACHMENTS		
Director Name	-		Director Name				
None			e comment de dels				
Street Address			Street Address				
City	- State	Zip	City	State	Zip		
any	JIMIL	- · · ·		•	- r		
Director Name	• • •	April 1 Sept.	Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
2,	www.t	1	,				
10. SHARES AUTHORI.	ZED ("X" BOX FOR ATT		11. SHARES ISSUED ("X" BOX FOR ATTACHMEN	7)		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
100 \$1.00 PAR VALUE	:		51	common	\$1.00		
IVU #1.UU FAR VALUE	•		J.	Common	41.00		

	* 1 0 8 7 9 6 *
File Date:	3.1903
Check No.:	1093
Ву:	140
FOR SECRETA	RY 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

Daniel R. Ray Print or Type Name of Officer

President



Ferm 630 12/02



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	

ACK)				
2. Name of Corpora	tion			
D. Ray, Inc.				
s Office d		Cuy Cumberland	State RI	Zip 02864
	5. State of Incorporation	1		6. SIC Code
		ID		0
		g business		
SSES OF THE OFFI	CERS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES B Vice President Name	SEFORE USING ATTAC	CHMENTS
oad		Street Address		
State RI	^{Zip} 02864	City -	State	Zip
ay	······································	Theasurer Name Daniel R. Ray	· ····································	
n Road		Street Address 3571 Mendon F	Road	, _
State	Zip	* City	State	zıp 02864
SES OF THE DIRE	CTORS (*X* BOX FOR AT	TACHMENT) FILL IN SPACES Director Name Street Address	BEFORE USING ATTA	ACHMENTS
State	Zip	City	State	¹ Zip
~*· •••• •• • • • • • • • • • • • • • • •		: Director Name	••••••	••••••
	·······l······························	: Director Nome		······································
State	Żip		State	Zip
State D ("X" BOX FOR ATTA	1	Street Address City 11. SHARES ISSUED (**x		t
	1	Street Address Clty		t
1 S	D. Ray, Inc. s Office d 377 or of Business Conducted in uckign and an SSES OF THE OFFI oad State RI ay n Road State RI SSES OF THE DIRE	s. State of Incorporation 3.77 RHODE ISLAN re of Business Conducted in Rhode Island uckign and any other relating SSES OF THE OFFICERS (*X* BOX FOR ATTA oad State Zip RI 02864 ay n Road State Zip RI 02864 SES OF THE DIRECTORS (*X* BOX FOR ATTA	D. Ray, Inc. s Office d Cumberland S. State of Incorporation RHODE ISLAND or of Rusiness Conducted in Rhode Island uckign and any other relating business SSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES E Vice President Name Street Address oad State Zip City RI 02864 Treasurer Name Daniel R. Ray Street Address Treasurer Name Daniel R. Ray Street Address Total State Zip City RI 02864 : Cumberland SSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES Director Name Street Address	D. Ray, Inc. stoffice Cumberland S. State of Incorporation RHODE ISLAND re of Business Conducted in Rhade Island uckign and any other relating business SSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENT) Street Address Oad State Zip RI O2864 Teasurer Name Daniel R. Ray Street Address Teasurer Name City State FILL IN SPACES BEFORE USING ATTACHMENT) Director Name Street Address



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 Daniel R. Ray

Print or Type Name of Officer

President Title of Officer

5

FOR SECRETARY OF STATE USE ONLY

C--- (20 12/01

2-26-02

Date

3-15-01

File Date:

Check No.:

FOR SECRETARY OF STATE USE ONLY

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

108796

1. Corporate ID No.

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

108796	D. Ray, I	nc.			
3. Street Address Principal Business	Office		City	State	Zip
3571 Mendon Ro 4. Business Phone No.	oad	5. State of Incorporation RHODE ISLAND	Cumberland	. RI	02864 6. SIC Code 0
7. Brief Description of the Characte	er of Business Conducted I	n Rhode Island			
Commercial fr	ucking and an	y other relating b	ousiness		
8. NAMES AND ADDRES President Name	SSES OF THE OFFI	CERS ("X" BOX FOR ATTACHN	AENT) FILL IN SPACES I Vice President Name	BEFORE USING ATTAC	CHMENTS
Daniel R. Ray					
Street Address			Street Address		
city 3571 Mendon R	oad State	Zip	City	State	Zip
Cumberland	RI	02864			• • • • • • • • • • • • • • • • • • • •
Secretary Name		0200 ,	Treasurer Name	_	
Daniel R. Ray			Daniel R.	Ray	
Street Address			Street Address		
-3571 Mendon R			3571 Mendor		- 1-
City	State RI	Zip	City	State RI	zip ' 02864
Cumberland 9. NAMES AND ADDRES Director Name		02864 ECTORS (*x* box for attac	Cumberland HMENT) FILL IN SPACE Director Name	S BEFORE USING ATT	•
Street Address			Street Address		·
City	State	Zip	City	State	Zip
Director Name	• • • •	• • • •	Director Name		
Street Address			Street Address		
City	State	Zip	*City	State .	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (* ESSUED SHARES	X° B <u>OX F</u> OR ATTACHMEN	7)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 \$1.00 PAR V	ALUE		51	common .	\$1.00 par
					value
•	n ed in ink by eitl	ner the President, Vice Pr	resident, Secretary, Assi	stant Secretary, Treas	urer, Receiver or Trustee

Title of Officer

Signature of Officer

Daniel R. Ray

President

Print or Type Name of Officer

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.

2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000-Filing Period: January 1-March 1 • Filing Fee: \$50.00



108796
3. Street Address Principal Business Office D. Ray, Inc. State Zip 1100 Great Road Lincoln RI 02865 4. Business Phone No. 5. State of Incorporation 6. SIC Code 7. Brief Description of the Character of Business Conducted in Rhode Island I SLAND Commercial trucking and any other related business 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Daniel R. Ray Street Address Street Address 1100 Great Road State Zio Lincoln 02865 Treasurer Name Secretary Name Daniel R. Ray Daniel R. Ray Street Address Street Address 1100 Great Road 1100 Great Road City State Lincoln ŔΤ 02865 RI 02865 Lincoln 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name None Street Address Street Address Zip CIN State Director Name Street Address Street Address City City State Zip State Zip

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

ESSUED SHARES

Number of Shares

51

File Date:	* 1 0 8 7 9 6 * 3/10/00
Check No.:	130
Ву:	<u> d</u> e
	OF STATE USE ONLY

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

Class/Series

Par Value

AUTHORIZZO SHARES

100 \$1.00 PAR VALUE

Number of Shares

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that sil statements contained berein are true and correct.

Class/Series

common

Signature of Officer

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

Daniel R. Ray

Print or Type Name of Officer

President

Title of Officer



\$1.00 par value

Par Value