



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. 108796		2. Name of Corporation D. RAY, INC.			
3. Street Address Principal Business Office 10 VENTRY DRIVE		City CUMBERLAND	State RI	Zip 02864	
4. Business Phone No. 401-640-3377		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island COMMERCIAL TRUCKING					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DANIEL R. RAY		Vice President Name Richard Ray			
Street Address 10 Ventry DRIVE		Street Address 10 Ventry Drive			
City CUMBERLAND	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name DANIEL R. RAY		Treasurer Name DANIEL R. RAY			
Street Address 10 Ventry DRIVE		Street Address 10 Ventry DRIVE			
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE		Director Name			
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 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
100 \$1.00 PAR VALUE			51	COMMON	\$1.00

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



1 0 8 7 9 6

File Date	FILED
Check No.	MAR 28 2006 1434
By	By <u>LR</u>
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.

Daniel R. Ray 3-18-05
Signature of Officer Date
DANIEL R. RAY
Print or Type Name of Officer
PRESIDENT
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 IN BLACK)

1. Corporate ID No. 108796		2. Name of Corporation D. RAY, INC.			
3. Street Address Principal Business Office 10 VENTURY DRIVE		City CUMBERLAND	State RI	Zip 02864	
4. Business Phone No. (401) 640-3377		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island COMMERCIAL TRUCKING AND ANY OTHER RELATED BUSINESS					
8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name DANIEL R. RAY			Vice President Name .		
Street Address 10 VENTURY DRIVE			Street Address .		
City CUMBERLAND	State RI	Zip 02864	City .	State .	Zip .
Secretary Name DANIEL R. RAY			Treasurer Name DANIEL R. RAY		
Street Address 10 VENTURY DRIVE			Street Address 10 VENTURY DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			Director Name .		
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 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
100	\$1.00 PAR VALUE		51	COMMON	\$1.00

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



1 0 8 7 9 6

File Date 3/12/04
Check No. 1212
By: SC
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.

Daniel R. Ray PRES 2-26-04
Signature of Officer Date
DANIEL R. RAY
Print or Type Name of Officer
PRESIDENT
Title of Officer
Form 630 12/01



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. 2. Name of Corporation

108796

D. Ray, Inc.

3. Street Address Principal Business Office

3571 Mendon Road

City

Cumberland

State

RI

Zip

02864

4. Business Phone No.

640-3377

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

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

Daniel R. Ray

Vice President Name

Street Address

3571 Mendon Road

Street Address

City

Cumberland

State

RI

Zip

02864

City

State

Zip

Secretary Name

Daniel R. Ray

Treasurer Name

Daniel R. Ray

Street Address

3571 Mendon Road

Street Address

3571 Mendon Road

City

Cumberland

State

RI

Zip

02864

City

State

Zip

Cumberland

RI

02864

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

Director Name

None

Director Name

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 AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

51

common

\$1.00

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



* 1 0 8 7 9 6 *

File Date: 3-19-03

Check No.: 1093

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.

Daniel R. Ray

Signature of Officer

2-27-03

Date

Daniel R. Ray

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
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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

108796

D. Ray, Inc.

3. Street Address Principal Business Office

3571 Mendon Road

City

Cumberland

State

RI

Zip

02864

4. Business Phone No.

401-640-3377

5. State of Incorporation

RHODE ISLAND

6. SIC Code

0

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

commercial truckign and any other relating business

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

President Name

Daniel R. Ray

Vice President Name

Street Address

3571 Mendon Road

Street Address

City

Cumberland

State

RI

Zip

02864

City

State

Zip

Secretary Name

Daniel R. Ray

Treasurer Name

Daniel R. Ray

Street Address

3571 Mendon Road

Street Address

3571 Mendon Road

City

Cumberland

State

RI

Zip

02864

City

Cumberland

State

RI

Zip

02864

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

Director Name

Director Name

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 AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 \$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

51

common

\$1.00 par value

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



* 1 0 8 7 9 6 *

File Date: 5-6-02

Check No.: 464

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

Daniel R. Ray

Print or Type Name of Officer

President

Title of Officer

2-26-02

Date



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **108796** 2. Name of Corporation **D. Ray, Inc.**

3. Street Address Principal Business Office

3571 Mendon Road

4. Business Phone No.

City

Cumberland

State

RI

Zip

02864

5. State of Incorporation
RHODE ISLAND

6. SIC Code
0

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

Commercial trucking and any other relating 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

3571 Mendon Road

City **Cumberland** State **RI** Zip **02864**

Secretary Name

Treasurer Name

Daniel R. Ray

Daniel R. Ray

Street Address

Street Address

3571 Mendon Road

City **Cumberland** State **RI** Zip **02864**

City **Cumberland** State **RI** Zip **02864**

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

Director Name

Director Name

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 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

100 \$1.00 PAR VALUE

51 common \$1.00 par value

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



* 1 0 8 7 9 6 *

File Date: 3-15-01

Check No.: 326

By: C

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.

Daniel R Ray 3/2/01
Signature of Officer Date

Daniel R. Ray

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **108796** 2. Name of Corporation **D. Ray, Inc.**
3. Street Address Principal Business Office **1100 Great Road** City **Lincoln** State **RI** Zip **02865**
4. Business Phone No. 5. State of Incorporation **RI** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island **RHODE ISLAND**
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	
City	City
Lincoln	
State	State
RI	
Zip	Zip
02865	
Secretary Name	Treasurer Name
Daniel R. Ray	Daniel R. Ray
Street Address	Street Address
1100 Great Road	1100 Great Road
City	City
Lincoln	Lincoln
State	State
RI	RI
Zip	Zip
02865	02865

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
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
100 \$1.00 PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
51	common	\$1.00 par value

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



* 1 0 8 7 9 6 *

File Date: 3/10/00

Check No.: 130

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] 2/28/00
Signature of Officer Date

Daniel R. Ray

Print or Type Name of Officer

President

Title of Officer