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.	2. Name of Corporation
143105	HIGHWAY DRIVER LEASING CORP.

3. Street Address Principal Business Office	City	State	Zip
1050 HANCOCK STREET	QUINCY	MA	02169-

4. Business Phone No.	5. State of Incorporation	6. SIC Code
(617) 471-7778	MASSACHUSETTS	561300

7. Brief Description of the Character of Business Conducted in Rhode Island
BUSINESS - EMPLOYEE LEASING

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

President Name	Street Address	City	State	Zip
Linda Greenberg	68 Davis Avenue, Unit #1	Brookline	MA	02446

Vice President Name	Street Address	City	State	Zip
N/A				

Secretary Name	Street Address	City	State	Zip
Lawrence C. Zalcman	894 Commonwealth Avenue	Newton	MA	02459

Treasurer Name	Street Address	City	State	Zip
Linda Greenberg	68 Davis Avenue, Unit #1	Brookline	MA	02446

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

Director Name	Street Address	City	State	Zip
Linda Greenberg	68 Davis Avenue, Unit #1	Brookline	MA	02446

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
100 COMM NO PAR VALUE		

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	COMMON	NPV

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

[redacted] 1 4 3 1 0 5 [redacted]

143105 FBC 02/15/05 10:50:26 AM
File Date FILED
Check No MAR 0 7 2005 015882
By: 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.

Linda Greenberg
Signature of Officer *Date*

Linda Greenberg
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 630 12/01