



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2007

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|  |                     |  |   |                            |
|--|---------------------|--|---|----------------------------|
| 1. Corporate ID No.<br><u>5397</u>   |                     | 2. Name of Corporation<br><u>WATT'S TRUCKING INC</u> |   |                            |
| 3. Street Address Principal Business Office<br><u>599 EAST IRONSTONE RD.</u>   |                     |  |   | City<br><u>HARRISVILLE</u> |
|  |                     | State<br><u>RI</u>                                   | Zip<br><u>02830</u>   |                            |
| 4. Business Phone No.<br><u>401-769-0340</u>   |                     | 5. State of Incorporation<br><u>Rhode Island</u>     |   |                            |
| 6. Brief Description of the Character of Business Conducted in Rhode Island  |                     |  |   |                            |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |                     |  |   |                            |
| President Name<br><u>WALTER BAKER</u>  |                     |  | Vice President Name<br><u>BRUCE BAKER</u>                           |                            |
| Street Address<br><u>599 EAST IRONSTONE RD</u>   |                     |  | Street Address<br><u>58 MAIN ST.</u>                                |                            |
| City<br><u>HARRISVILLE</u>   | State<br><u>RI</u>  | Zip<br><u>02830</u>                                  | City<br><u>HARRISVILLE</u>  | State<br><u>RI</u>         |
| Secretary Name<br><u>JEAN BAKER</u>  |                     |  | Treasurer Name<br><u>WALTER BAKER</u>                               |                            |
| Street Address<br><u>599 EAST IRONSTONE RD</u>   |                     |  | Street Address<br><u>599 EAST IRONSTONE RD</u>                      |                            |
| City<br><u>HARRISVILLE</u>   | State<br><u>RI</u>  | Zip<br><u>02830</u>                                  | City<br><u>HARRISVILLE</u>  | State<br><u>RI</u>         |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |                     |  |   |                            |
| Director Name  |                     |  | Director Name   |                            |
| Street Address   |                     |  | Street Address  |                            |
| City   | State               | Zip  | City  | State                      |
| Director Name  |                     |  | Director Name   |                            |
| Street Address   |                     |  | Street Address  |                            |
| City   | State               | Zip  | City  | State                      |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |                     |  |   |                            |
| AUTHORIZED SHARES  |                     |  |   |                            |
| Number of Shares   | Class/Series        | Par Value  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                            |
| <u>8,000</u>   | <u>NO PAR VALUE</u> |  | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                            |
|  |                     |  | Number of Shares  | Class/Series               |
|  |                     |  | <u>NONE</u>   | Par Value                  |
|  |                     |  |   |                            |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**FILED**

File Date 'AUG 21 2007  
Check No. By 5397  
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 Jean Baker Date 8-20-07  
Print or Type Name JEAN BAKER  
Title See