

File Date

FOR SECRETARY OF STATE USE ONLY

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

Corporations Division 148 W. River St. Providence, RI 02904-2615

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _____

401.222.3040 **2007**

Filing Period: January 1 - M * In accordance with R.I.G.L. 7- law (R.I.G.L. 7-1.2-1501(c&d)) i	1.2-1501(e), each corp	oration failing or refusir	PORT MUST BE TYPED (ng to file its annual report with	OR PRINTED LEGIBL in thirty (30) days after th	Y IN BLACK INK be time prescribed by
1. Corporate ID No.	2. Name of Corporation				
72669 BCB Trucking, Inc.					
3. Street Address Principal Business	Office		City	State	Zip
<u> </u>	EFC) X	9	ESMOND	121	CNOID
4. Business Phone No.	-36 RU	5. State of Incorporation RHODE ISLAND	- Sia CARO		1-(3m) 1-1-
6. Brief Description of the Character DELIVER FURNITURE, A		Phode Island			•
			CHMENT) □ FILL IN SPAC	ES REFORE HISING ATT	TACUMENTE.
Pregident Name	5.	TKU	CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name		
Street Address P-0-BCX 17322			Street Address		
C5 MORY	States	(DSG1)	СЦу	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
СИу	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES	OF THE DIRECTORS	 S: ("X" ROX FOR AT"	: " <i>ACHMENT</i> ") [] FILL IN CD.	CES DEFORE HEING A	TT'A CITAMBIMA
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name			ACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address D. U. BUX 17322			Street Address		
Esmond	Stale RI	24p C 2917	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City:	State	Zijo
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			100	Common	na Par
This report must be executed this report must be executed or	on behalf of the corp	oration by an authorize	d representative. If the corpor	ration is in the hands of	a receiver or trustee,
-			Linday nagalay - C		

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements