

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

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. 000147964	2. Name of Gor	2. Name of Corporation CHAPINES EXPRESS INC				
3. Street Address Principal Business Office 536 PLAINFIELD STREET			City PROVIDENCE	State RI	Zip 02909	
4. Business Phone No. 5. State of Incorpor 401-944-7829 RHODE ISL						
6. Brief Description of the Cha Courier and Delivery S	Services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR President Name BYRON G VILLELA			ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name			
Street Address 536 PLAINFIELD STREET			Street Address			
PROVIDENCE	State RI	<i>Zip</i> 0 29 09	City	State	Zip	
Secretary Name			Treasurer Name			
Struct Address			Street Address			
City	State	Zip	City·	State	Zip	
8. NAMES AND ADDRE Director Name	esses of the diri	ECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN Director Name	SPACES BEFORE USI	ING ATTACHMENTS	
Street Address			Street Address			
City	State	Zip	Сну	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)			: 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	
120	STK	\$0.00	120	STK	\$0.00	
This report must be execution in the case of the case	cuted on behalf of th uted on behalf of th	ne corporation by an auth e corporation by the rece	orized representative. If the co- iver or trustee.	rporation is in the han	ids of a receiver or trustee,	
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			Under penalty of per including any accom contained herein are	panying schedules and s	n that I have examined this rep statements, and that all stateme	
File Date	FD		Purvon G Signature	Tillelo M.	V Date	
Check No. FILED By: QCT 0 5 2007			BYRON G VILLELA		10/05/2007	
	5 2007		Print or Type Name OFFICER			
<u> </u>			Title			