

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 2008

Piling 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 law (R.I.G.L. 7-1.2-1501(c&d))			fusing to file its annual report	within thirty (30) days afte	er the time prescribed by	
1. Corporate ID No. 112282	2. Name of Corporation R. Carriers, Inc.					
3. Street Address Principal Business Office 935 Tunk Hill Road		Gity Foster	State RI	^{Ζψ} 02 82 5		
f. Business Phone No. 5. State of Incorporal A01-827-8837 Shode Island		ion				
6. Brief Description of the Character trucking and hauling mater	ial					
7. NAMES AND ADDRESSES President Name	OF THE OFFICE	ERS: ("X" BOX FOR A	TTACHMENT) T FILL IN S Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
Raymond J. Calise			Raymond J. Calise			
Street Address			Street Address			
935 Tunk Hill Road			935 Tunk Hill Road			
City Foster	State RI	<i>Ζψ</i> 02825	City Foster	State RI	^{Ζφ} 02825	
Secretary Name			Treasurer Name		***************************************	
Raymond J. Calise			Raymond J. Calise			
Street Address 935 Tunk Hill Road			Street Address 935 Tunk Hill Road			
City Foster	State RI	^{Ζψ} 02825	<i>сиу</i> Foster	State RI	<i>Ζψ</i> 0282 5	
8. NAMES AND ADDRESSES	1	i	<u> </u>	1	,	
Director Name Raymond J. Calise			Director Name			
Street Address			Street Address			
935 Tunk Hill Road						
City	State	Zip	Сйу	State	Zip	
Foster Director Name	RI	02825	Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zψ	
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	
200	Common	No Par	200	Common	No Par	
This report must be executed	on behalf of the	corporation by an autho	prized representative. If the c	orporation is in the hands	s of a receiver or trustee.	
this report must be executed				,	· · · · · · · · · · · · · · · · ·	
<u> </u>						
					hat I have examined this report, tements, and that all statements	
FILED			contained herein a		actions, and that all statements	
File Date					lu 1-17-08	
JAN 24 200	8		Signature		Date	
Check No.	-2	-		Raymond J. Cališe		
By: By 3) 	_	Print or Type Name			
FOR SECRETARY OF ST	ATE USE ONLY		President			
			Title		Form 630 Rev. 12/06	