



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

Corporations Division  
148 W. River St.  
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. <u>151156</u>		2. Name of Corporation <u>Andrade delivery service inc.</u>		
3. Street Address Principal Business Office <u>24 Hendricks St.</u>		City <u>CENTRAL FALLS</u>	State <u>RI</u>	Zip <u>02863</u>
4. Business Phone No. <u>401-257-5168</u>		5. State of Incorporation <u>RI</u>		
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Home deliveries such as furniture and house goods</u>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <u>Joao Andrade</u>		Vice President Name		
Street Address <u>24 Hendricks St.</u>		Street Address		
City <u>CENTRAL FALLS</u>	State <u>RI</u>	Zip <u>02863</u>	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
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"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<u>1</u>	<u>at .01 value</u>		<u>none</u>	
			THIS SECTION MUST BE COMPLETED	

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  
FEB 11 2008  
By AMF  
3:42  
11-49464

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
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.

Joao Andrade 2-11-08  
Signature Date  
Print or Type Name  
President  
Title