



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 2008**

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. 123610		2. Name of Corporation Rhode Island Trucking Association Insurance Group Inc.			
3. Street Address Principal Business Office 660 Roosevelt Avenue			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 401-729-5210		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To solicit, Broker, Produce and obtain life and health insurance, property and casualty insurance for members of the Association					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name John L Atwood			Vice President Name Chris Maxwell		
Street Address 660 Roosevelt Avenue			Street Address 800 Jefferson Blvd		
City Pawtucket	State RI	Zip 02860	City Warwick	State RI	Zip 02887
Secretary Name Robert Calise			Treasurer Name John Anderson Jr.		
Street Address 1350 Division Street Suite 301			Street Address 170 Amaral Street		
City East Greenwich	State RI	Zip 02893	City East Providence	State RI	Zip 02915
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	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Par Value
1,000 NO PAR VALUE			NONE	NONE	NONE

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.

File Date **FILED**

Check No. **FEB 12 2008**

By: **DS-1014**

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.

*John L. Atwood* 2/2/08  
Signature Date

**JOHN L. ATWOOD**  
Print or Type Name

**President**  
Title