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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.	2. Name of Corporation		
90826	GRANT TRucking INC		
3. Street Address Principal Business Office	City	State	Zip
4 SURREY LANE	Lincoln	RI	02865
4. Business Phone No.	5. State of Incorporation		
401-726-5027	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Joseph GRANT	4 SURREY LANE	Lincoln	RI	02865

Vice President Name	Street Address	City	State	Zip
Joseph GRANT	4 Surrey LANE	Lincoln	RI	02865

Secretary Name	Street Address	City	State	Zip
Joseph GRANT	4 Surrey LANE	Lincoln	RI	02865

Treasurer Name	Street Address	City	State	Zip
Joseph GRANT	4 Surrey LANE	Lincoln	RI	02865

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Joseph GRANT	4 Surrey LANE	Lincoln	RI	02865

Director Name	Street Address	City	State	Zip
Joseph GRANT	4 Surrey LANE	Lincoln	RI	02865

Director Name	Street Address	City	State	Zip
Joseph GRANT	4 Surrey LANE	Lincoln	RI	02865

Director Name	Street Address	City	State	Zip
Joseph Grant	4 Surrey LANE	Lincoln	RI	02865

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100	NO PAR	VALUE

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	NO PAR	

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.

[redacted] [redacted]

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.

Joseph T Grant — *Signature* — 3-10-08 — *Date*

Joseph T GRANT — *Print or Type Name*

President — *Title*

[redacted]

File Date FILED

Check No. MAR 14 2008

By: By 4853

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Form 630 Rev. 12/06