

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 __ 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.

law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a pen	alty fee of \$25.00.			- -
1. Corporate ID No.	2. Name of Corpo	ration			· · · · · · · · · · · · · · · · · · ·
<u> 13140</u> X	. ٤ .	Your Truck	Inc. Inc		
3. Street Address Principal B	lusiness Office		Gry	State	Zip
51 Jenk	:5 ST		E. PAN	RI	02914
4. Business Phone No.		5. State of Incorporatio	n		
401-226-2190 R.I					
6. Brief Description of the Ch	paracter of Business Conduct		***	· · · · · ·	
Trucking					
	ESSES OF THE OFFICE	ERS: ("X" BOX FOR AT	TACHMENT) [FILL IN	SPACES BEFORE LISTNA	2 ATTACLIMENTS
President Name	and State Control (1997年)。 The State Control (1997年)。 The State Control (1997年)。		Vice President Name	Taranta Tarant	The thirt is the second
C'della Domisione					
Street Address			DOMINGOS DOMINGUES		
			Street Address		
31 <u>2641</u>		T	<u>: 51 Se</u>	1ky 31	
City D. 1	State	Zip	City	State	Zip
2/1///	1 / -	02914	$C: I^*CV$		02914
Secretary Name			Treasurer Name		*
			TIFTANY	VOMWGUCS	
Street Address			Street Address		
			53 Sen	<u>12</u> 37	
City	State	Zip	City	State	Zip
			E. HIN	/ M.L.	02914
8. NAMES AND ADDR	ESSES OF THE DIREC	TORS: ("X" BOX FOR A	ITTACHMENT) [FILL I)	N SPACES BEFORE USII	NG ATTACHMENTS
Director Name			Director Name	A COLOR OF THE STATE OF THE STA	A 1 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2
					
Street Address			Street Address		No. 10-10 See See See See See See See See See See
					<u> </u>
City	State	Zip	City	State	210
Director Name			Director Name		***************************************
			•		<u></u>
Street Address			Street Address	W. W. and the con-	**
			511 661 210101 633		125
City	State	Zip	City	State	<u>U</u> 1 <u>; ; ; </u>
	•			34446	Zip
9. SHARES AUTHORIZ	 7FD <i>("Y" ROY FOR A</i>	 TT4CHM#NT) □	10 SUADDO TOOTION	("V" TON TON	
AUTHORIZED SHARES	THE CA BOX PURA	I IACHMENI J		("X" BOX FOR ATTAC	#*************************************
 	()/0/	D= 17 T	- 	ECTION MUST BE COMPLETE	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000,00	Δ				
- - 60	W VALU	<u> </u>	50	manufacture for the last of th	5 b
				THE FAUNCE OF T	April 2 day
This report must be ex-	ecuted on behalf of the	corporation by an author	ized representative. If the c	corporation is in the hand	ls of a receiver or trustee
this report must be exe	cuted on behalf of the	corporation by the receive	er or trustee.		
			Under penalty of p	регјшгу, I declare and affirm	that I have examined this report
		· 1	including any acco	ompanying schedules and st	atements, and that all statements
FILE	in C	생기	contained herein a	are true and correct.	
File Date			Intelled Milliger 3/24/0x		
MAP 9 4 2000			Signature		
Check No. NIAR 24	<0008 C C		Call:	No. 12 12 13	
			(<u>_i09/19</u> \	MILLIAMORES	
By:	<u> </u>		Print or Type Name	2	
EON CECTERA NA	OF STATE MORE COMMAN		KNCS		
FOR SECRETARY	OF STATE USE ONLY	A SAC	Title		
			-		Earn 620 D 00/06