



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. 96155		2. Name of Corporation Elite Trucking Co.			
3. Street Address Principal Business Office 48A South Killingly Road			City Foster	State RI	Zip 02825
4. Business Phone No. 397-8240		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island The sale, purchase, lease and lending of transportation services and transportation equipment					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David Fillippone			Vice President Name David Fillippone		
Street Address 48A South Killingly Road			Street Address 48A South Killingly Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name David Fillippone			Treasurer Name David Fillippone		
Street Address 48A South Killingly Road			Street Address 48A South Killingly Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David Fillippone			Director Name		
Street Address 48A South Killingly Road			Street Address		
City Foster	State RI	Zip 02825	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"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
600	NO PAR VALUE		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			100	COMMON	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.

**FILED**

File Date **MAR 31 2008**

Check No. \_\_\_\_\_

By: **4901**

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.

Signature **David Fillippone** Date **3/10/08**

Print or Type Name **DAVID FILIPPONE**

Title **PRESIDENT**