



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.<br>000164397                                                                                                                          |              | 2. Name of Corporation<br>Tech Forwarding Inc. |                                                |              |              |
| 3. Street Address Principal Business Office<br>109 Whittier RD.                                                                                           |              |                                                | City<br>PAWBUCKET                              | State<br>RI  | Zip<br>02861 |
| 4. Business Phone No.<br>508-336-9695                                                                                                                     |              | 5. State of Incorporation                      |                                                |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Freight Forwarder - We Find Trucking Companies for our customer's freight. |              |                                                |                                                |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |              |                                                |                                                |              |              |
| President Name<br>MARC PEIRCE                                                                                                                             |              |                                                | Vice President Name<br>GARY PEIRCE             |              |              |
| Street Address<br>109 Whittier RD.                                                                                                                        |              |                                                | Street Address<br>291 Steeple Lane             |              |              |
| City<br>Pawtucket                                                                                                                                         | State<br>RI  | Zip<br>02861                                   | City<br>Lincoln                                | State<br>RI  | Zip<br>02865 |
| Secretary Name                                                                                                                                            |              |                                                | Treasurer Name                                 |              |              |
| Street Address                                                                                                                                            |              |                                                | Street Address                                 |              |              |
| City                                                                                                                                                      | State        | Zip                                            | City                                           | State        | Zip          |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                        |              |                                                |                                                |              |              |
| Director Name<br>Michael Demarco                                                                                                                          |              |                                                | Director Name                                  |              |              |
| Street Address<br>2 MAIN ST.                                                                                                                              |              |                                                | Street Address                                 |              |              |
| City<br>Woonsocket                                                                                                                                        | State<br>RI  | Zip<br>02895                                   | 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 <sup>cs</sup>                                                                                                                                       | STK          | \$0.01                                         | 0                                              |              |              |
| 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**

File Date  
Check No. APR 09 2008  
By: [Signature]

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] 3/24/08  
Signature Date  
MARC J. PEIRCE  
Print or Type Name  
PRESIDENT  
Title