RI SOS Filing Number: 200811617660 Date: 06/06/2008 4:00 PM

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			
5664	Federal VANLines INC.			
3. Street Address Principal Business Office		City	State	Zip
320 TAUNTON Avenue		EAST Providence	RI	02914
4. Business Phone No.	5. State of Incorporation			
401 434 4410	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Local & Interstate Moving & Storage

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

President Name			Vice President Name		
Albert M. Plante			Cheryl A. Plante		
Street Address			Street Address		
196 STAGHEAD DRIVE			196 STAGHEAD DRIVE		
City	State	Zip	City	State	Zip
PASCOAG	RI	02859	PASCOAG	RI	02859
Secretary Name			Treasurer Name		
Albert M. Plante			Cheryl A. Plante		
Street Address			Street Address		
196 STAGHEAD ~~AVE~~ DRIVE			196 STAGHEAD DRIVE		
City	State	Zip	City	State	Zip
PASCOAG	RI	02859	PASCOAG	RI	02859

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

Director Name			Director Name		
ALBERT M. Plante			Cheryl A. Plante		
Street Address			Street Address		
196 STAGHEAD Drive			196 STAGHEAD DRIVE		
City	State	Zip	City	State	Zip
PASCOAG	RI	02859	PASCOAG	RI	02859
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000	$5.00 PAR Value		8,000	Single	5.00

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]

FILED
File Date JUN 06 2008
Check No. 0016
By:
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.

Albert M. Plante 6/6/08
Signature *Date*

Albert M. Plante
Print or Type Name

President
Title

[redacted]

23105-1-260951

Form 630 Rev. 12/06