



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 2009

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. 6923		2. Name of Corporation FORK LIFT TRUCKS, INC.			
3. Street Address Principal Business Office 14 Navaho Street			City Cranston	State RI	Zip 02907
4. Business Phone No. 401-944-0778		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island LEASING, SELLING AND SERVICIN OF FORK LIFT VEHICLES					
7. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT () FILE IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert D. O'Connell			Vice President Name Glenn R. Larrabee		
Street Address 14 Navaho Street			Street Address 14 Navaho Street		
City Cranston	State RI	Zip 02907	City Cranston	State RI	Zip 02907
Secretary Name Glenn R. Larrabee			Treasurer Name Robert D. O'Connell		
Street Address 14 Navaho Street			Street Address 14 Navaho Street		
City Cranston	State RI	Zip 02907	City Cranston	State RI	Zip 02907
8. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILE IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (X) BOX FOR ATTACHMENT () 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
200 COMM NO PAR VALUE	common	no par value	-200-	common	no par value
			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.



6923

File Date
1/16/09
17932
MNC

FOR SECRETARY OF STATE

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
Robert D. O'Connell
Date
1/16/09

Print or Type Name
President

Title