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 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)(5)) is subject to a penalty fee of $2,500.00*

1. Entity Identification #	2. Entity Name
65592	Commercial Truck Service, Inc.

3. Street Address Principal Business Office	City	State	Zip
835 Taunton Avenue	East Providence	Rhode Island	02914

4. Business Phone No.	5. State of Incorporation
401-434-7557	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
Truck repair

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

President Name	Vice President Name
Oliver Moran	George Pesce
Street Address: 835 Taunton Avenue	Street Address: 835 Taunton Avenue
City: East Providence / State: Rhode Island / Zip: 02914	City: East Providence / State: Rhode Island / Zip: 02914
Secretary Name: J. Robert Pesce	Treasurer Name: J. Robert Pesce
Street Address: 835 Taunton Avenue	Street Address: 835 Taunton Avenue
City: East Providence / State: Rhode Island / Zip: 02914	City: East Providence / State: Rhode Island / Zip: 02814

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

Director Name	Director Name
Oliver Moran	George Pesce
Street Address: 835 Taunton Avenue	Street Address: 835 Taunton Avenue
City: East Providence / State: Rhode Island / Zip: 02914	City: East Providence / State: Rhode Island / Zip: 02914
Director Name: J. Robert Pesce	Director Name:
Street Address: 835 Taunton Avenue	Street Address:
City: East Providence / State: Rhode Island / Zip: 02914	City: / State: / Zip:

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

Number of shares	Class/Series	Par/No Par
200	Common	No Par

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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]

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.

Oliver Moran 1-5-09
Signature *Date*

Oliver Moran
Print or Type Name

[redacted] President
Title

File Date 1-16-09
Check No. 14430
By: MNC
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