

A. Ralph Mollis, Secretary of Star Corporations Divisio 148 W. River Stree Providence, RI 02904-261

401.222.304

In accordance with R.I.G.L. 7- ubject to a penalty fee of \$25.00		poration failing or refusing to file its and	nual report within thirty (30) days	after the time prescribed by l	law (R.I.G.L. 7-1.2-1501(c&d)) is	
1. Corporate ID No. 128461		2. Name of Corporation Calco, Inc.				
3. Street Address Principal Business Office 502 Callahan Road			City North Kingstown	State RI	^{Zip} 02854	
4. Business Phone No. 5. State of Incorporation 401-667-7702 Rhode Island						
5. Brief Description of the Chara TRANSPORTATION OF		ucted in Rhode Island ES AND MERCHANDISE, INC	CLUDING PERISHABLES	, EXCLUDING HOUS	EHOLD GOODS	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA "resident Name Diane Maraia			Vice President Name Diane Maraia			
Street Address 502 Callahan Road			Street Address 502 Callahan Road			
North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	^{Zip} 02852	
Secretary Name Diane Maraia			Treasurer Name Diane Maraia			
Street Address 502 Callahan Road			Street Address 502 Callahan Road			
City North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	^{Zip} 02852	
3. NAMES AND ADDRES Director Name Diane Maraia	SES OF THE DIR	ECTORS: ("X" BOX FOR AT	TACHMENT) FILL IN S	SPACES BEFORE USIN	NG ATTACHMENTS	
Street Address 502 Callahan Road			Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			Number of Shares	Class/Series	Par Value	
			100	common	no par value	
this report must be execut		he corporation by an authorize the corporation by the receiver	or trustee. Under penalty of per	jury, I declare and affirm	ds of a receiver or trustee, that I have examined this repore tatements, and that all statemen	
File Date FILED Check No. And 2 9 2009]		Signature Signature	Miran	Date	
By: By 2687			Diane Maraia Print or Type Name President			
FOR SECRETARY OF STATE USE ONLY						

Title