

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(còrd)) is

subject to a penalty fee of \$25.00  1. Corporate ID No.					
129702	2. Name of Cor Bill Gagne	e & Associates, Ltd.			
3. Street Address Principal Business Office 251 Thames Street, Unit 6			<sup>City</sup> Bristol	State RI	Zip 02809
4. Business Phone No. 5. State of Incorporation (401) 743-8888 Rhode Island		4		102000	
6. Brief Description of the Charac Management of client/co	ompanies' freight	transportation needs, freight	bill auditing, payment a	and payment negotions a	and any other legal
7."NAMES AND ADDRESS President Name	SES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT)  FILL IN	SPACES BEFORE USING	G ATTACHMENTS
William J. Gagne			Vice President Name William J. Gagne		
Street Address 663 Metacom Ave. #2			Street Address 663 Metacom Ave. #2		
city Bristol	State RI	χ <sub>ψ</sub> 02809	City Bristol	State RI	<sup>Zip</sup> 02809
Secretary Name William J. Gagne			Treasurer Name William J. Gagne		
Street Address 663 Metacom Ave. #2			Street Address 663 Metacom Ave. #2		
<sup>City</sup> Bristol	State RI	<sup>Zip</sup> 02809	City Bristol	State RI	<sup>Zip</sup> 02809
8. NAMES AND ADDRESS Director Name	ES OF THE DIRE	CTORS: ("X" BOX FOR AT	ACHMENT)  FILL II	N SPACES BEFORE USIN	NG ATTACHMENTS
Street Address			Street Address		
Cuy	State	Zip	City:	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Эйу	State	Zip	Clly	State	Zip
. SHARES AUTHORIZED	1	l		 	
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
			10	common	none
instruction sheet.				<del></del>	
instruction sheet.				1	

	FILED	<del>, ,</del>
File Date	FEB 17 2009	<u> </u>
Check No By:	By 3608	i i
F	OR SECRETARY OF STATE USE O	NLY

Under penalty of perjury, I declare and affirm that I havincluding any accompanying schedules and statements,	
contained herein are true and correct	- 12-cd
Signature Dat	e /
William J. Gagne	
Print or Type Name	
President	1
Title	