



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 22768		2. Name of Corporation Dixie Warehousing, Inc.			
3. Street Address Principal Business Office 1151 Aquidneck Avenue			City Middletown	State RI	Zip 02842
4. Business Phone No. 1-508-947-4410		5. State of Incorporation Rhode Island			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Moving and Storage					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Courtney E. Leal			Vice President Name Courtney E. Leal		
Street Address 1151 Aquidneck Avenue			Street Address 1151 Aquidneck Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Kathleen M. Benetti			Treasurer Name Kathleen M. Benetti		
Street Address 1151 Aquidneck Avenue			Street Address 1151 Aquidneck Avenue		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000 Common No Par Value			500	Common	No Par
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date **FEB 19 2009**

Check No. **By 4708**

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.

Signature of Officer

Date

Courtney E. Leal
Print or Type Name of Officer

President
Title of Officer