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.	2. Name of Corporation			
22768	Dixie Warehousing, Inc.			
3. Street Address Principal Business Office		City	State	Zip
1151 Aquidneck Avenue		Middletown	RI	02842
4. Business Phone No.	5. State of Incorporation			6. SIC Code
1-508-947-4410	Rhode Island			

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			Vice President Name		
Courtney E. Leal			Courtney E. Leal		
Street Address			Street Address		
1151 Aquidneck Avenue			1151 Aquidneck Avenue		
City	State	Zip	City	State	Zip
Middletown	RI	02842	Middletown	RI	02842
Secretary Name			**Treasurer Name**		
Kathleen M. Benetti			Kathleen M. Benetti		
Street Address			Street Address		
1151 Aquidneck Avenue			1151 Aquidneck Avenue		
City	State	Zip	City	State	Zip
Middletown	RI	02842	Middletown	RI	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)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000	Common	No Par Value	500	Common	No Par

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

[redacted]

FILED
File Date FEB 19 2009
Check No. By 4708
By:
FOR SECRETARY OF STATE USE ONLY

[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.

Signature of Officer *Date* 2/17/09

Courtney E. Leal
Print or Type Name of Officer

[redacted]

President
Title of Officer

Form 630 Rev. 12/03