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(c), 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&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No. #8864
2. Name of Corporation: SAV-TIME DELIVERY, INC.
3. Street Address Principal Business Office: 26 GELDARD ST. | City: CUMBERLAND | State: R.I. | Zip: 02864
4. Business Phone No.: 401-722-0171
5. State of Incorporation: RHODE ISLAND
6. Brief Description of the Character of Business Conducted in Rhode Island: DELIVERY BUSINESS GENERAL COMMODITIES

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

President Name: GEORGE LANDRY	Vice President Name: DEBRA L. LANDRY
Street Address: 26 GELDARD ST.	Street Address: 26 GELDARD ST.
City: CUMBERLAND State: R.I. Zip: 02864	City: CUMBERLAND State: R.I. Zip: 02864
Secretary Name: KYLE R. LANDRY	Treasurer Name: KYLE R LANDRY
Street Address: 26 GELDARD ST.	Street Address: 26 GELDARD ST.
City: CUMBERLAND State: R.I. Zip: 02864	City: CUMBERLAND State: R.I. Zip: 02864

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

Director Name: GEORGE LANDRY	Director Name: DEBRA L. LANDRY
Street Address: 26 GELDARD ST.	Street Address: 26 GELDARD ST.
City: CUMBERLAND State: R.I. Zip: 02864	City: CUMBERLAND State: R.I. Zip: 02864
Director Name: KYLE LANDRY	Director Name:
Street Address: 26 GELDARD ST.	Street Address:
City: CUMBERLAND State: R.I. Zip: 02864	City: State: Zip:

9. SHARES AUTHORIZED: 1000 COMMON NO VALUE

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 Value
100	COMMON	NO PAR

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]

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.

[redacted] 2-26-09
Signature *Date*

GEORGE LANDRY
Print or Type Name

PRESIDENT
Title

File Date	FILED
Check No.	FEB 26 2009
By:	By 1080

FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08