RI SOS Filing Number: 200943585570 Date: 03/03/2009 4:00 PM

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

Matthew A. Brown, *Secretary of State*
Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 4 • Filing Fee: $50.00*

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

1. Corporate ID No.	2. Name of Corporation			
155884	J & C TRUCKING COMPANY, INC.			
3. Street Address Principal Business Office		City	State	Zip
41 Elmdale Avenue		Johnston	RI	02919
4. Business Phone No.	5. State of Incorporation			
401-862-9653	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TRUCKING COMPANY

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

President Name			Vice President Name		
William R. Chacon			Carina Pinto De Chacon		
Street Address			Street Address		
41 Elmdale Avenue			41 Elmdale Avenue		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Secretary Name			Treasurer Name		
Carina Pinto De Chacon			William R. Chacon		
Street Address			Street Address		
41 Elmdale Avenue			41 Elmdale Avenue		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919

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

Director Name			Director Name		
William R. Chacon			Carina Pinto De Chacon		
Street Address			Street Address		
41 Elmdale Avenue			41 Elmdale Avenue		
City	State	Zip	City	State	Zip
Johnston	RI	02919	Johnston	RI	02919
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
1,000 $1.00 PAR VALUE			1,000 $1.00 PAR VALUE		

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] [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.

William Chacon 1/31/09
Signature *Date*

William R. Chacon
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. MAR 03 2009
By: By 1075
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Form 630 Rev. 12/05

30856-11-354811