

A. Ralph Mollis. Secretary of State Corporations Division

Form 630 Rev. 08/08

148 W. River Street Providence, RI 02904-2615 401.222.3040

Providence, R Providence, R Providence, R Providence, R Providence, R Providence, R 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(a), each contraction failing on materials of the secondance of the secondary of the secondance of the secondary of the seco

1. Corporate 11) No. 125240		rporation ANSFER, INC.				
3. Street Address Principal Business Office 315 Nooseneck Hill Road			City Exeter	State	Zip	
4. Business Phone No. 401-397-3167 5. State of Incorporation Rhode Island			RI	02822		
6. Brief Description of the CE truck transport	haracter of Business Condi	icted in Rhode Island				
7. NAMES AND ADDR President Name John Sliney	ESSES OF THE OFF	ICERS: ("X" BOX FOR ATT	ACHMENT) FILL IN Vice President Name Michael Sliney	N SPACES BEFORE USIN	G ATTACHMENTS	
Street Address 315 Nooseneck Hill Road			Street Address 315 Nooseneck Hill Road			
City Exeter	State RI	^{Zip} 02822	Gity Exeter	State RI	Zip	
Secretary Name John Sliney		Treasurer Name Michael Sliney		02822		
Street Address 315 Nooseneck Hill Road			Street Address 315 Nooseneck Hill Road			
City Exeter	State RI	Хір 02822	City	State	Zip	
3. NAMES AND ADDRI		CTORS: ("X" BOX FOR AT	Exeter TACHMENT) [] FILL 1	RI N SPACES BEFORE USU		
·			Director Name		TO ATTACHMENTS	
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. SHARES AUTHORIZE	ED				Ztp	
Thin i = C			ISSUED SHARES THIS SE	("X" BOX FOR ATTAC CTION MUST BE COMPLETED	HMENT) [
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	
			200	Common	none	
is report must be execu	uted on behalf of the	corporation by an authorize corporation by the receiver of	d representative. If the c	orporation is in the hand:	s of a receiver or trustee,	
		, , , , , , , , , , , , , , , , , , ,	or trustee.			
le Date 3c_	4-09		Under penalty of p including any acco	erjury, I declare and affirm t mpanying schedules and sta te true and correct.	hat I have examined this rep tements, and that all statemen	
neck No	962		Signature	XX Vivery	1-25-09 Date	
	nne,		JOHN SLINE Print or Type Name	Y		
FOR SECRETARY OF STATE USE ONLY			President			
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