

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

401.222.30

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(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(codd)) is

subject to a penalty fee of \$25.00.		and the second second	uuti report wiinin iniriy (30) uuys u	uer ine time prescribea by a	ли (к.н.с /-1.2-1501(сста)) в
1. Corporate ID No.	2. Name of Corporation				
135386		Trucking, Inc.			
3. Street Address Principal Business ()ffice		City	State	Zip
1 Halsey Drive			Smithfield	RI	02917
state of incorporation.					
401–231–1326 Rhode Isla 6. Brief Description of the Character of Business Conducted in Rhode Island			nd		
	•				
To transport pet	roleum produc	cts	CILLERY □ TILL IN CO.	000 nunonn more.	
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	A BUA FUR AITA	: Vice President Name	CES BEFORE USING	ATTACHMENTS
Kenneth J. Drew			Same		
Street Address			Street Address		
l Halsey Drive			Sheet Mauress		
СПу	State	Zip	: City	State	Zip
Smithfield	RI	02917	•		
Secretary Name	- 	·#····································	Treasurer Name		······································
Same			Same 28		
Street Address			Same 25		
City	State	Ζip	City	State	2 ip
8. NAMES AND ADDRESSES	OF THE DIRECTOR	S: ("X" BOX FOR ATT	TACHMENT) 🔲 FILL IN SI	PACES BEFORE USIN	
Director Name			Director Name		P
Kenneth J. Drew					<u> </u>
Street Address			Street Address		
1 Halsey Drive	State	7/4	•	- T.	
		Zip	City	State	Zip
Smithfield Director Name	J RI	.J02917	Director Name		
Director rusta.			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	•	•	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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
			1,000	C	No. Down
			1,000	Common	No Par
			<u> </u>		
This report must be executed	on behalf of the corp	ooration by an authorize	d representative. If the corp	oration is in the hand	Is of a receiver or trustee,
this report must be executed of	on behalf of the corpo	oration by the receiver of	or trustee.		
			Under penalty of perju	ry, I declare and affirm	that I have examined this report
		7	including any accomp	anying schedules and st	atements, and that all statement
F., -	· n		contained herein are to	tue and correct.	2-24-10
File Date	: U		fesh !	1 fm	2-24-09
		}	Signature	7	Date
Check No. MAR 06	2009		Kenneth J.	Drew	
By: D. 1 -	3 ()		Print or Type Name		
Dy 1	5		President		
FOR SECRETARY OF STA	TE USE ONLY	-	Title		
		-	4416		Form 620 Day 09/09