



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(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(e)(2)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 5664		2. Name of Corporation FEDERAL VAN LINES, INC.			
3. Street Address Principal Business Office 320 TAUNTON AVE			City EAST PROVIDENCE	State RHODE ISLAND	Zip 02914
4. Business Phone No. 401-434-4410		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island INTERSTATE AND INTRASTATE MOVING AND STORAGE COMPANY					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ALBERT M. PLANTE			Vice President Name CHERYL A. PLANTE		
Street Address 196 STAGHEAD DRIVE			Street Address 196 STAGHEAD DRIVE		
City PASCOAG	State RHODE ISLAND	Zip 02859	City PASCOAG	State RHODE ISLAND	Zip 02859
Secretary Name ALBERT M. PLANTE			Treasurer Name CHERYL A. PLANTE		
Street Address 196 STAGHEAD DRIVE			Street Address 196 STAGHEAD DRIVE		
City PASCOAG	State RHODE ISLAND	Zip 02859	City PASCOAG	State RHODE ISLAND	Zip 02859
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name ALBERT M. PLANTE			Director Name CHERYL A. PLANTE		
Street Address 196 STAGHEAD DRIVE			Street Address 196 STAGHEAD DRIVE		
City PASCOAG	State RHODE ISLAND	Zip 02859	City PASCOAG	State RHODE ISLAND	Zip 02859
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 10,000 \$5.00 PAR VALUE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 10,000	Class Series COMON	Par Value \$5.00 PAR VAL

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.

File Date **FILED**

Check No. **AUG 13 2009**

By: **34024**

FOR SECRETARY OF STATE USE ONLY

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 **Albert M. Plante** Date **7/31/09**

ALBERT M. PLANTE
Print or Type Name
PRESIDENT
Title