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

1. Corporate ID No.	2. Name of Corporation			
86544	CIRCLE T, INC.			
3. Street Address Principal Business Office		City	State	Zip
375 WAMPANOAG TRAIL		EAST PROVIDENCE	RI	02915
4. Business Phone No.	5. State of Incorporation			
401- 438-6454	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ACT AS A BROKER IN THE CARRY OF FREIGHTS FOR HIRE

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

President Name			Vice President Name		
KENNETH CORRERA					
Street Address			Street Address		
375 WAMPANOAG TRAIL					
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02915			
Secretary Name			Treasurer Name		
KENNETH CORRERA			KENNETH CORRERA		
Street Address			Street Address		
375 WAMPANOAG TRAIL			375 WAMPANOAG TRAIL		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02915	EAST PROVIDENCE	RI	02915

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

Director Name			Director Name		
KENNETH CORRERA					
Street Address			Street Address		
375 WAMPANOAG TRAIL					
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02915			
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 — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
4,000	COMMON	NO PAR	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] [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.

Signature *Date*

KENNETH CORRERA
Print or Type Name

PRESIDENT
Title

File Date FILED 87:1 Wd 2- 100 2009
Check No. OCT 02 2009
By: By

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38760-5-404946

[redacted]

Form 630 Rev. 12/06