



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 2010

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. 51182		2. Name of Corporation LIBRA TRANSPORTATION Co. INC.	
3. Street Address Principal Business Office 372 GREENVILLE AVENUE		City JOHNSTON	State RI
4. Business Phone No. 401-231-8138		5. State of Incorporation 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ADOLPH PICCOLI		Vice President Name JOHN PETRINI	
Street Address 12 REGINA DRIVE		Street Address 372 GREENVILLE AVENUE	
City JOHNSTON	State R.I.	City JOHNSTON	State RI
Zip 02919		Zip 02919	
Secretary Name PATRICIA PETRINI		Treasurer Name GERALDINE PICCOLI	
Street Address 372 GREENVILLE AVENUE		Street Address 12 REGINA DRIVE	
City JOHNSTON	State RI	City JOHNSTON	State RI
Zip 02919		Zip 02919	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None		Director Name None	
Street Address None		Street Address None	
City None	State None	City None	State None
Zip None		Zip None	
Director Name None		Director Name None	
Street Address None		Street Address None	
City None	State None	City None	State None
Zip None		Zip None	
9. SHARES AUTHORIZED 500 NO PAR COMMON		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	Class/Series
		None	
		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.

File Date	1-12-2010
Check No.	18551
By:	MNC
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: Geraldine Piccoli
Date: 1-8-16
Print or Type Name: GERALDINE PICCOLI
Title: TREASURER