

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 0290+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.

. Corporate ID No. 34201	2. Name of Corporation MACERA & MARTINI TRANSPORTATION, INC.				
Street Address Principal Business Office 2227 Plainfield Pike		Johnston	State RI	<i>⊼ір</i> 02919	
i. Business Phone No. 401-647-3990		5. State of Incorporation Rhode Island	Rhode Island		
. Brief Description of the Character Transporting goods for hire	of Business Condu- as a common	cted in Rhode Island carrier including petroleum p	roducts		
resident Name	OF THE OFF	ICERS: ("X" BOX FOR ATTA	Vice President Name	SPACES BEFORE USING	ATTACHMENTS
Wayne Martini Street Address 2227 Plainfield Pike			Wayne Martini Street Address 2227 Plainfield Pike		
ity Johnston	State RI	^{Zip} 02919	City Johnston	State RI	^{Zip} 02919
iecretary Name Wayne Martini			Treasurer Name Wayne Martini		
Street Address 2227 Plainfield Pike			Street Address 2227 Plainfield Pike		
^{cuty} Johnston	State RI	^{Ζφ} 02919	Johnston	State RI	<i>Σίρ</i> 02 919
3. NAMES AND ADDRESSES Director Name Wayne Martini	OF THE DIR	ECTORS: ("X" BOX FOR ATT	ACHMENT) FILL I Director Name	N SPACES BEFORE USIN	G ATTACHMENTS
Street Address 2227 Plainfield Pike			Street Address		
_{City} Johnston	State RI	^Z (ф 02919	City	State	Zip
Director Name	••••••		Director Name		
Street Address			Street Address		
CHy:	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
This intermention is correct	v of record in t	the Office of the Secretary of	Number of Shares	Class/Series	Par Value
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.			200	common	no par
This report must be execute this report must be executed	d on behalf of I on behalf of t	the corporation by an authorize the corporation by the receiver	ed representative. If the or trustee.	corporation is in the hand	ls of a receiver or t

File Date	FILED
Check No.	FEB 08 2010
By:	ar 000
F	OR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm including any accompanying schedules and s	
contained herein are true and correct.	1/29/2010
Signature	D ate
Wayne Martini	
Print or Type Name	
President	
Title	Form 630 Rev. 08/08