



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. Corporation ID No.<br><b>43717</b>  |             | 2. Name of Corporation<br>Elmwood Dodge, Inc. |   |                        |                   |
| 3. Street Address Principal Business Office<br>625 Taunton Avenue  |             | City<br>East Providence                       |   | State<br>RI            | Zip<br>02914      |
| 4. Business Phone No.<br>438-0700  |             | 5. State of Incorporation<br>Rhode Island     |   |                        |                   |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Provide transportation management consulting services                       |             |   |   |                        |                   |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |   |   |                        |                   |
| President Name<br>Jay L'Archevesque  |             |   | Vice President Name<br>None   |                        |                   |
| Street Address<br>625 Taunton Avenue   |             |   | Street Address  |                        |                   |
| City<br>East Providence  | State<br>RI | Zip<br>02914                                  | City  | State                  | Zip               |
| Secretary Name<br>Jay L'Archevesque  |             |   | Treasurer Name<br>Jay L'Archevesque                                 |                        |                   |
| Street Address<br>625 Taunton Avenue   |             |   | Street Address<br>625 Taunton Avenue                                |                        |                   |
| City<br>East Providence  | State<br>RI | Zip<br>02914                                  | City<br>East Providence   | State<br>RI            | Zip<br>02914      |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |   |   |                        |                   |
| Director Name<br>Paul E. L'Archevesque   |             |   | Director Name<br>Jay L'Archevesque                                  |                        |                   |
| Street Address<br>625 Taunton Avenue   |             |   | Street Address<br>625 Taunton Avenue                                |                        |                   |
| City<br>East Providence  | State<br>RI | Zip<br>02914                                  | City<br>East Providence   | State<br>RI            | Zip<br>02914      |
| Director Name  |             |   | Director Name   |                        |                   |
| Street Address   |             |   | Street Address  |                        |                   |
| City   | State       | Zip   | City  | State                  | Zip               |
| 9. SHARES AUTHORIZED   |             |   | 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 <b>MUST</b> BE COMPLETED               |                        |                   |
|  |             |   | Number of Shares<br>200   | Class/Series<br>common | Par Value<br>none |
|  |             |   |   |                        |                   |

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                       | <b>FILED</b>       |
| Check No.                       | <b>MAR 01 2010</b> |
| By:                             | <b>61171</b>       |
| 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: Jay L'Archevesque Date: \_\_\_\_\_  
Print or Type Name: **Jay L'Archevesque**  
Title: **President**