



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(c), 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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 507159		2. Name of Corporation Swansea Trucking Corp.	
3. Street Address: Principal Business Office 105 Buffington Street		City Swansea	State MA
		Zip 02777	
4. Business Phone No.		5. State of Incorporation Massachusetts	
6. Brief Description of the Character of Business Conducted in Rhode Island Trucking, general transport, construction and asphalt installation			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Tyler Devoll		Vice President Name	
Street Address 105 Buffington Street		Street Address	
City Swansea	State MA	City	State
Zip 02777		Zip	
Secretary Name Tyler Devoll		Treasurer Name Tyler Devoll	
Street Address 105 Buffington Street		Street Address 105 Buffington Street	
City Swansea	State MA	City Swansea	State MA
Zip 02777		Zip 02777	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Tyler Devoll		Director Name	
Street Address 105 Buffington Street		Street Address	
City Swansea	State MA	City	State
Zip 02777		Zip	
Director Name Bruce Mello		Director Name	
Street Address 179 Tickle Road		Street Address	
City Westport	State MA	City	State
Zip 02790		Zip	
9. SHARES AUTHORIZED 5,000		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☒	
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 5,000	Class/Series common
		Par Value no 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.

FILED

File Date **APR 09 2010**

Check BY **50244**

By: _____

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 **Tyler Devoll** Date **3/10/10**

Print or Type Name
Tyler Devoll

Title
President