

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 2007

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(còd)) is

subject to a penalty fee of \$25.00.			mai report winnin inniy (50) w	is agier in time preserioea by	ши (к.н.с.с. /-1.2-1501(tOu)) в	
1. Corporate ID No. 000128763	2. Name of Corporation Blake Enterprises, Inc.					
3. Street Address Principal Business Office 39 Margaret Street			City Pawtucket	State RI	^{Zψ} 02860	
4. Business Phone No. 5. State of Incorporation RI						
6. Brief Description of the Character TO OPERATE A FREIGHT	of Business Conducted in R AND HAULING BUS	bode Island SINESS				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) FILL IN S	SPACES BEFORE USIN	G ATTACHMENTS	
President Name			Vice President Name			
Hugh W. Blake						
Street Address 12 Debra Rd			Street Address			
Millville	State MA	^{Zip} 01529	City	State	Zip	
Secretary Name			Treasurer Name		***************************************	
Street Address			Street Address			
					, 1	
City	State	Zip	City	State	Zip	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATI	ACHMENT) [FILL IN	SPACES BEFORE USI	NG ATTACHMENTS	
Director Name			Director Name		5	
Stroet Address			Street Address		۵	
City	State	Ζіф	City	State	Z#Z	
Director Name			Director Name		P	
Street Address			Street Address			
City	State	Ζip	Сйу	State	Zip	
9. SHARES AUTHORIZED	ı	1	:			
<u> </u>			ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			none		0	
This report must be executed	ол behalf of the corn	oration by an authorize	d representative. If the c	ornoration is in the ban	ds of a receiver or trustee	
this report must be executed of	on behalf of the corpo	oration by the receiver of	or trustee.	orboration is ill the tign	ids of a feccivel of trustee,	
-		,				
			Under penalty of a	eriury. I declare and affirm	n that I have examined this repor	
	 	•	including any acco	manying schedules and:	statements, and that all statemen	
j-	ILED		contained herein and true and correct.			
AUG 0 3 2010 Check No			146/	7	8-2-10	
			Sigheture		Date	
			Hugh(W Bla	ıke		
			Print or Type Name			
			President			
FUR SECRETARY OF STA	ME USE UNLY		Title			
					Form 630 Rev. 08/08	