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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 2011

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.	2. Name of Corporation			
551287	A & S TRANSPORTATION INC			
3. Street Address Principal Business Office		City	State	Zip
50 ABBOTT STREET		EAST PROVIDENCE	RHODE ISLAND	02914
4. Business Phone No.	5. State of Incorporation			
401-265-6278	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
PACKAGE DELIVERY & COURIER SERVICE

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
ANTONIO GOULART			STEVE CORTINHEIRO		
Street Address			Street Address		
20 CARTERS WAY			29 MARTIN STREET		
City	State	Zip	City	State	Zip
SEEKONK	MASSACHUSE	02771	REHOBOTH	MASSACHUSETT	02769
Secretary Name			Treasurer Name		
Antonio Goulart			Anto Steve Cortinheiro		
Street Address			Street Address		
20 Carters Way			29 Martin Street		
City	State	Zip	City	State	Zip
Seekonk	MA	02771	Rehoboth	MA	02769

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
ANTONIO GOULART			STEVE CORTINHEIRO		
Street Address			Street Address		
20 CARTERS WAY			29 MARTIN STREET		
City	State	Zip	City	State	Zip
SEEKONK	MASSACHUSET	02771	REHOBOTH	MASSACHUSETT	02769
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR

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.

[redacted]

FILED
File Date JAN 11 2011
Check No. By mne
By: 1022
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57041-9-545445

[redacted]

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 *Date* 1/10/11

ANTONIO GOULART
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 08/08