



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.<br>000151559                                                                                                                           |             | 2. Name of Corporation<br>BLANCO EXPRESS INC. |                                                                     |              |              |
| 3. Street Address Principal Business Office<br>100 TRASK ST.                                                                                               |             |                                               | City<br>PROVIDENCE                                                  | State<br>RI  | Zip<br>02907 |
| 4. Business Phone No.<br>401-499-2444                                                                                                                      |             | 5. State of Incorporation<br>RHODE ISLAND     |                                                                     |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>TRANSPORTATION SERVICES                                                     |             |                                               |                                                                     |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENT'S                         |             |                                               |                                                                     |              |              |
| President Name<br>JOSE BLANCO                                                                                                                              |             |                                               | Vice President Name                                                 |              |              |
| Street Address<br>210 LONGFELLOW ST                                                                                                                        |             |                                               | Street Address                                                      |              |              |
| City<br>PROVIDENCE                                                                                                                                         | State<br>RI | Zip<br>02907                                  | City                                                                | State        | Zip          |
| Secretary Name                                                                                                                                             |             |                                               | Treasurer Name                                                      |              |              |
| Street Address                                                                                                                                             |             |                                               | Street Address                                                      |              |              |
| City                                                                                                                                                       | State       | Zip                                           | City                                                                | State        | Zip          |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |                                               |                                                                     |              |              |
| Director Name                                                                                                                                              |             |                                               | Director Name                                                       |              |              |
| Street Address                                                                                                                                             |             |                                               | Street Address                                                      |              |              |
| City                                                                                                                                                       | State       | Zip                                           | City                                                                | State        | Zip          |
| 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 MUST BE COMPLETED                      |              |              |
|                                                                                                                                                            |             |                                               | Number of Shares                                                    | Class/Series | Par Value    |
|                                                                                                                                                            |             |                                               | 100                                                                 | CNP          | 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.

|                                 |               |
|---------------------------------|---------------|
| FILED                           |               |
| File Date                       | FEB 01 2011   |
| Check No.                       | By <u>MNC</u> |
| By                              | 212           |
| 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 Jose D Blanco Date 1/14/11  
JOSE D. BLANCO  
Print or Type Name  
PRESIDENT  
Title