



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. <b>14054</b>		2. Name of Corporation <b>VALLEY TRANSPORTATION CORP.</b>			
3. Street Address Principal Business Office <b>664 Front Street</b>			City <b>Woonsocket</b>	State <b>Rhode Island</b>	Zip <b>02895</b>
4. Business Phone No. <b>(401) 766-5900</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island					
<b>7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>William R. Legare</b>			Vice President Name <b>Judith A. Legare</b>		
Street Address <b>106 Grove Street</b>			Street Address <b>106 Grove Street</b>		
City <b>Millville</b>	State <b>MA</b>	Zip <b>01529</b>	City <b>Millville</b>	State <b>MA</b>	Zip <b>01529</b>
Secretary Name <b>Kathleen M. Legare</b>			Treasurer Name <b>William R. Legare</b>		
Street Address <b>106 Grove Street</b>			Street Address <b>106 Grove Street</b>		
City <b>Millville</b>	State <b>MA</b>	Zip <b>01529</b>	City <b>Millville</b>	State <b>MA</b>	Zip <b>01529</b>
<b>8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
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
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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 <b>100</b>	Class/Series <b>common</b>	Par Value <b>no par value</b>

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 02 2011**

Check No. **24293**

By: **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 **William R. Legare**

Print or Type Name

**President**

Title

Date **1-21-11**