

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 white the results of a \$6.55.500

1. Corporate ID No.	2. Name of Corporation	-			
80629	LANNAN TRUCK	KING, INC.			
3. Street Address Principal Business Office 34 Broad Common Road			^{City} Bristol	State RI	<i>Zip</i> 02809
4. Business Phone No. 5. State of Incorporation (401) 254-1800 Rhode Island				<u> </u>	
6. Brief Description of the Character TO MAKE ESTIMATES FO WORK AND ADDRESSES President Name	R ITSELF AND OTHE	ERS. TO BID. ENTER	CHMENT) [FILL IN	OUT CONTRACTS FOR S	SUBDIVISIONS, SITE ATTACHMENTS
Heidi L. DaSilva			Vice President Name Heidi L. DaSilva		
Street Address 34 Broad Common Road			Street Address 34 Broad Common Road		
^{City} Bristol	State RI	^{Zip} 02809	City Bristol	State RI	^{Zip} 02809
Secretary Name Heidi L. DaSilva			Treasurer Name Heidi L. DaSilva		
Street Address 34 Broad Common Road			Street Address 34 Broad Common Road		
^{City} Bristol	State RI	<i>Zip</i> 0280 9	City Bristol	State RI	^{Zip} 02809
8. NAMES AND ADDRESSES Director Name Heidi L. DaSilva Street Address	OF THE DIRECTORS	: ("X" BOX FOR ATT	ACHMENT) TILL I Director Name None	IN SPACES BEFORE USIN	IG ATTACHMENTS
34 Broad Common Road		- 0.	Street Address		
_{टार्} Bristol	State R1	Zip 02809	Сйу	State	Zψ
Director Name None			Director Name None		
Breet Address			Street Address		
City	State	Zip	City	State	Ζψ
. SHARES AUTHORIZED	·		10. SHARES ISSUED) <i>("X" BOX FOR ATTAC</i> ECTION <u>MUST</u> BE COMPLETED	HMENT)
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.			Number of Shares	Class/Series	Par Value
			10	Common	No Par
This report must be executed on this report must be executed o	on behalf of the corpor	ration by an authorized	d representative. If the	corporation is in the hand	s of a receiver or trust

	Under penalty of perjury, I declare and affirm that I have examined this report,
File Date FILED	including any accompanying schedules and statements, and that all statements contained herein are true and correct.
Check No. FEB 2 4 2011	Agnordre Date Heidi L. DaSilva
FOR SECRETARY OF STATE USE ONLY	Print or Type Name President
TOTAL OF STATE OSE ONE!	Title