



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 5120		2. Name of Corporation CRANSTON TRUCKING COMPANY			
3. Street Address Principal Business Office 1381 Cranston Street			City Cranston	State RI	Zip 02920-6789
4. Business Phone No. 401-943-4800		5. State of Incorporation RHODE ISLAND			6. SIC Code 6638
7. Brief Description of the Character of Business Conducted in Rhode Island PRIVATE, COMMON OR CONTRACT CARRIER					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael J. Emmett			Vice President Name Bryan T. Adriance, Jr.		
Street Address 1381 Cranston Street			Street Address 1381 Cranston Street		
City Cranston	State RI	Zip 02920-6789	City Cranston	State RI	Zip 02920-6789
Secretary NAME and Treasurer Bryan T. Adriance, Jr.			XXXXXXXXXX Asst. Secretary and Asst. Treasurer Mark Jones		
Street Address 1381 Cranston Street			Street Address 1381 Cranston Street		
City Cranston	State RI	Zip 02920-6789	City Cranston	State RI	Zip 02920-6789
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name George W. Shuster			Director Name		
Street Address 1381 Cranston Street			Street Address		
City Cranston	State RI	Zip 02920-6789	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$1.00 PAR VALUE		10	Common	\$1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 5 1 2 0 *

File Date 2-27-07
Check No. 102849
By: [Signature]
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 statement contained herein are true and correct.

[Signature] 2/27/07
Signature of Officer Date
Mark Jones
Print or Type Name of Officer
Assistant Treasurer
Title of Officer