



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1331
401-222-3041



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

3. Street Address Principal Business Office 5120 CRANSTON TRUCKING COMPANY City Cranston State RI Zip 02920
4. Business Phone No. 1381 Cranston Street 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 Any lawful activity including operations as a private, common or contract carrier and any business activities incident thereto

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) 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 City Cranston State RI Zip 02920

Secretary and Treasurer ~~Mark Jones~~ Assistant Secretary and Assistant Treasurer Mark Jones
Street Address 1381 Cranston Street Street Address 1381 Cranston Street
City Cranston State RI Zip 02920 City Cranston State RI Zip 02920

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) 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 City
Director Name
Street Address
City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
8,000 SHS \$1. PAR VAL

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series 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



* 5120 *

File Date: MAR 08 2000 81375

Check No.: SECRET OF STATE

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 of Officer Mark Jones Date 3/14/00

Print or Type Name of Officer Mark Jones

Title of Officer Assistant Treasurer