



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED 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**
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 **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 Bryan T. Adriance, Jr.	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 State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	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



* 5 1 2 0 *

File Date: 03-30-99
Check No.: 98189
By: [Signature]

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: [Signature] Date: 3/29/99
Mark Jones
Assistant Treasurer
Title of Officer