

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

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 CODE 02920  
4. BUSINESS PHONE NO. 401-943-4800  
5. STATE OF INCORPORATION RHODE ISLAND  
6. SIC CODE 8838  
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**

PRESIDENT NAME Michael J. Emmett  
STREET ADDRESS 1381 Cranston Street  
CITY Cranston STATE RI ZIP CODE 02920  
VICE PRESIDENT NAME  
STREET ADDRESS  
CITY STATE ZIP CODE  
SECRETARY NAME & Treasurer Robert Mandeville  
STREET ADDRESS 1381 Cranston Street  
CITY Cranston STATE RI ZIP CODE 02920  
TREASURER NAME ~~XXXXXX~~ Asst. Treas. & Asst. Secretary Lloyd Trivett  
STREET ADDRESS 1381 Cranston Street  
CITY Cranston STATE RI ZIP CODE 02920

**9. NAMES AND ADDRESSES OF THE DIRECTORS**

DIRECTOR NAME George W. Shuster  
STREET ADDRESS 1381 Cranston Street  
CITY Cranston STATE RI ZIP CODE 02920  
DIRECTOR NAME  
STREET ADDRESS  
CITY STATE ZIP CODE  
DIRECTOR NAME  
STREET ADDRESS  
CITY STATE ZIP CODE

**10. SHARES AUTHORIZED AND ISSUED**

AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
8,000 SHS	Common	\$1. PAR VAL	10	Common	\$1.00

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

File Date: 1/29/96

Check No: 224573

By: [Signature]

For Secretary of State Use Only

[Signature]  
Signature of Officer

Robert Mandeville

Print or Type Name of Officer

Chief Financial Officer & Treasurer 1/5/96  
Title of Officer Date

DETACH BOTTOM BEFORE RETURNING

FORM 31 12/95