

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 subject to a penalty fee of \$25.00.

1, Corporate ID No. 153137	2. Name of Corporation KINGSLEY INVESTMENTS INC				
3. Street Address Principal Business Office 22 ANTHONY AVE			PÁWTUCKET	State RI	<i>Zip</i> 02860
4. Business Phone No. 5. State of Incorporation RHODE ISLAND					
6. Brief Description of the Character of PROVIDING TAXI SERVICE	of Business Conducted in R	bode Island		-	
7. NAMES AND ADDRESSES President Name	OF THE OFFICERS:	("X" BOX FOR ATTA		PACES BEFORE USING	G ATTACHMENTS
PAUL A. DESROSIERS			Vice President Name SAME		
Street Address 22 ANTHONY AVE			Street Address		
PAWTUCKET	State RI	^{Zip} 02860	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES	OF THE DIRECTORS	 6:	: 'ACHMENT') [7] RITT DA	SDACES REPORT HE	NG ATERCHAPITA
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name PAUL A. DESROSIERS			Director Name SAME		A
Street Address 22 ANTHONY AVE			Street Address		70
City	State	Zip	City	State	Zip
PAWTUCKET Director Name	RI	02860	Director Name		Zip I
SAME			SAME		
Street Address			Street Address		5
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	l		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
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
			1500		.01
This report must be executed this report must be executed of	on behalf of the corpo	pration by an authorize	d representative. If the coor trustee.	orporation is in the han	ds of a receiver or trustee,
			Under penalty of pe	erjury, I declare and affirm	n that I have examined this report, statements, and that all statements
File Date		EV P 1 e 2011	contained herein an	etrye and correct.	. / /
Check No.		1420)	Signature		Date
		1915 10	PAUL A. DESROSIERS Print or Type Name		
FOR SECRETARY OF STATE USE ONLY			PRESIDENT		
TON SECRETARY OF STA	E USE UNLI		Title		Form 630 Rev. 08/08