



State of Rhode Island and Providence Plantations
Office of the Secretary of State

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2011

1. Corporate ID No. 000156175

2. Name of Corporation E & M TRUCK AND TRAILER REPAIR, INC.

3. Street Address Principal Business Office:

No. and Street: 519 MENDON ROAD
P.O. BOX 8000

City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

4. Business Phone No.

4013834000

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

TRUCK AND TRAILER REPAIR SERVICE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	FAYE G HOGAN	7 COLWELL ROAD HARRISVILLE, RI 02830 USA
TREASURER	FAYE G HOGAN	7 COLWELL ROAD HARRISVILLE, RI 02830 USA
SECRETARY	FAYE G HOGAN	7 COLWELL ROAD HARRISVILLE, RI 02830 USA
ASSISTANT SECRETARY	GARY R ALGER	PO BOX 8000 CUMBERLAND, RI 02864 USA
VICE PRESIDENT	MICHAEL P HOGAN	7 COLWELL ROAD HARRISVILLE, RI 02830 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	600.00	200

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 20 Day of June, 2011 at 12:15:33 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By GARY R ALGER
Signature of Authorized Representative of the Corporation

ASST SECRETARY
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

