

2. Name of Corporation

1. Corporate ID No.

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 (10.222.30)
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(e&d)) is subject to a penalty fee of \$25.00.

3. Street Address Principal Business Office			City	State	Zip
4. Business Phone No. 5. State of the corporation			Proudence	PI.	02907
4. Business Phone No. 401-831-5409		5. State of Incorporation	,		
6. Brief Description of the Character	of Business Conducted in R	bode Island	Island		
Transportation Services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name			Vice President Name		
Carlos A. Gonzalez Street Address			CARLOS A. Gonzalez		
485 crunston st.			485 Cranston St.		
City	State	Zip	City	State	Zip
Providence	PT.	02407	Providence	12.	02907
Secretary Name			Treasurer Name		
Street Address			Street Address		
CH _J :	State	Zip	City	State	Ζip
O NAMES AND ADDRESS.	05 707 5		_		'
8. NAMES AND ADDRESSES Director Name	OF THE DIRECTORS	5: ("X" BOX FOR ATT	ACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS		
			Director Name		
Street Address			Street Address		<u> </u>
	-		<u> </u>		= 56
City	State	Zip	City	State	Zip
Director Name	.J	J			N Co
			Director Name		
Street Address			Street Address		
			5 23 5		
City	State	Zip	City	State	Z 1
9. SHARES AUTHORIZED	10 SHARES ISSUED //w/	SHARES ISSUED ("V" POV FOR ATTACK			
			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
			,		
			100	Common	None
This report must be executed on behalf of the corporation by an outbound as a second s					
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.					
, and a second of manager					
Under penalty of perjury, I declare and affirm that I have examined this report.					
including any accompanying schedules and statements, and that all statement					
contained herein/are true and corred.					
File Date X (Wy) (W ·) f W · S ·					
Check No. Signature Signature					
unu 20 2011 Carlos Albonzalez					
			Print or Type Name		
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