



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River St.  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

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

\* 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.<br>108796  |              | 2. Name of Corporation<br>D RAY INC.      |   |              |              |
| 3. Street Address Principal Business Office<br>118 Staples Road  |              |   | City<br>Cumberland  | State<br>RI  | Zip<br>02864 |
| 4. Business Phone No.<br>334 2409  |              | 5. State of Incorporation<br>Rhode Island |   |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>commercial trucking                                 |              |   |   |              |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS  |              |   |   |              |              |
| President Name<br>Daniel R. Ray  |              |   | Vice President Name<br>Richard Ray                                  |              |              |
| Street Address<br>118 Staples Road   |              |   | Street Address<br>10 Ventry Drive                                   |              |              |
| City<br>Cumberland   | State<br>RI  | Zip<br>02864                              | City<br>Cumberland  | State<br>RI  | Zip<br>02864 |
| Secretary Name<br>Daniel R. Ray  |              |   | Treasurer Name<br>Daniel R. Ray                                     |              |              |
| Street Address<br>118 Staples Road   |              |   | Street Address<br>118 Staples Road                                  |              |              |
| City<br>Cumberland   | State<br>RI  | Zip<br>02864                              | City<br>Cumberland  | State<br>RI  | Zip<br>02864 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS |              |   |   |              |              |
| Director Name<br>None  |              |   | Director Name   |              |              |
| Street Address   |              |   | Street Address  |              |              |
| City   | State        | Zip                                       | City  | State        | Zip          |
| Director Name  |              |   | Director Name   |              |              |
| Street Address   |              |   | Street Address  |              |              |
| City   | State        | Zip                                       | City  | State        | Zip          |
| 9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>   |              |   | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |              |
| AUTHORIZED SHARES  |              |   | ISSUED SHARES   |              |              |
| Number of Shares   | Class/Series | Par Value                                 | Number of Shares  | Class/Series | Par Value    |
| 100  | common       | \$1.00                                    | 51  | common       | \$1.00       |
|  |              |   |   |              |              |

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.

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | JAN 31 2012 |
| Check No.                       | 613         |
| By: <b>BY</b>                   |             |
| FOR SECRETARY OF STATE USE ONLY |             |

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 Daniel R. Ray Date 1/25/12  
Print or Type Name **President**

Title