



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

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 2012

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. 86205		2. Name of Corporation VERTICAL CRANE, INC.			
3. Street Address Principal Business Office 36 Highgate Road			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-639-4567		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide crane service					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David Hillard			Vice President Name Angel Hillard		
Street Address 36 Highgate Road			Street Address 36 Highgate Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name David Hillard			Treasurer Name David Hillard		
Street Address 36 Highgate Road			Street Address 36 Highgate Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name David Hillard			Director Name None		
Street Address 36 Highgate Road			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 200	Class/Series Common	Par Value No Par

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.

FILED

File Date FEB 03 2012

Check No. By [Signature]

By: 8446

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] 1/31/12
Signature Date

David Hillard
Print or Type Name
President
Title