RI SOS Filing Number: 201289395670 Date: 02/10/2012 4:00 PM

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.	2. Name of Corporation			
547255	C&K TRANSPORT INC			
3. Street Address Principal Business Office		City	State	Zip
1417 DOUGLAS AVENUE		NORTH PROVIDENCE	RI	02904
4. Business Phone No.	5. State of Incorporation			
774-930-5738	RI			

6. Brief Description of the Character of Business Conducted in Rhode Island
PACKAGE DELIVERY & COURIER SERVICE

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
CARLOS CONSTANTINO			CARLOS CONSTANTINO		
Street Address			Street Address		
4001 NORTH MAIN STREET			4001 NORTH MAIN ST		
City	State	Zip	City	State	Zip
FALL RIVER	MA	02720	FALL RIVER	MA	02720
Secretary Name			Treasurer Name		
CARLOS CONSTANTINO			CARLOS CONSTANTINO		
Street Address			Street Address		
4001 NORTH MAIN STREET			4001 NORTH MAIN STREET		
City	State	Zip	City	State	Zip
FALL RIVER	MA	02720	FALL RIVER	MA	02720

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
CARLOS CONSTANTINO					
Street Address			Street Address		
4001 NORTH MAIN STREET					
City	State	Zip	City	State	Zip
FALL RIVER	MA	02720			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	COMMON	NO PAR
THIS SECTION MUST BE COMPLETED		

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 10 2012
Check No. By
By: 272
FOR SECRETARY OF STATE USE ONLY
73112-52-726570

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 Date 2/8/12

CARLOS CONSTANTINO
Print or Type Name

PRESIDENT
Title

Form 630 Rev. 08/08