

subject to a penalty fee of \$25.00.

Street Address

9. SHARES AUTHORIZED

instruction sheet.

City

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

2. Name of Corporation
ALLARD TRUCKING, INC. 1. Corporate ID No. 375114 3 Street Address Principal Business Office 5 VINCENT AVENUE NORTH SMITHFIELD RI 02896 4. Business Phone No. 5. State of Incorporation 401-356-0661 RHODE ISLAND 6. Brief Description of the Character of Business Conducted in Rhode Island TRUCKING COMPANY 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name KERRY ALLARD KERRY ALLARD Street Address Street Address 5 Vincent Avenue 5 Vincent Avenue North Smithfield RI 02896 North Smithfield RΙ 02896 Secretary Name reasurer Name KERRY ALLARD **KERRY ALLARD** Street Address Street Address 5 Vincent Avenue 5 Vincent Avenue State North Smithfield RI **02896** North Smithfield RI 02896 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name None Street Address Street Address City State ZipCity State Ζiρ Director Name Director Name

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.

Street Address

Number of Shares

100 Shares

			erri (Lucia: Lucia:	F						
File Date	41.0			11.25	21400	40.0	11111	1995		20230 Ser 199
Check No.		ı	E	3	1	. 2	012			
		11. 11.				1) () า	,	
By:			iy ii. .yaai	11.11	/	S	đ	ساس		
	FOI	SEC	RE	TARY	(OI	31	TE U	JSE O	NLY	

State

State. Changes require an additional filing. See Section 9 of

This information is currently of record in the Office of the Secretary of

Zip

Under penalty of perjury, I declare ar including any accompanying echodul contained berein are true and correct	and affirm that I have examined this report, less and statements, and that all statements. $\frac{\partial}{\partial x} = \frac{1}{2} - \frac{1}{2} = \frac{1}{2}$
Signature	Date
KERRY ALLARD	en e
Print or Type Name	
President	
Tido	

State

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

ters SEF

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

Class/Series

Common

Zip

Par Value

No Par Value