



**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. 5608		2. Name of Corporation ASSOCIATED ROAD TAX, INC.	
3. Street Address Principal Business Office 14 FIELD COURT		City NORTH KINGSTOWN	State RI
4. Business Phone No. 4012947940		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island REPORTING FUEL AND TAX MILES			

7. OFFICERS AND DIRECTORS			8. OFFICERS AND DIRECTORS		
President Name DONNA M. MARONEY		Vice President Name CORY VINGI			
Street Address 14 FIELD COURT		Street Address 14 FIELD COURT			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name JENNIFER VINGI		Treasurer Name DONNA M. MARONEY			
Street Address 14 FIELD COURT		Street Address 14 FIELD COURT			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852

8. OFFICERS AND DIRECTORS			9. OFFICERS AND DIRECTORS		
Director Name DONNA M. MARONEY		Director Name			
Street Address 14 FIELD COURT		Street Address			
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
300	COMM NO PAR VALUE		300	COMMON	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.



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FILED

*5608
File Date MAR 01 2012
Check No. 21440
By: _____
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.

Donna Maroney 2/28/12
Signature of Officer Date
Donna Maroney
Print or Type Name of Officer
President
Title of Officer