



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. 102665		2. Name of Corporation Skyline Auto Transport, Inc.			
3. Street Address Principal Business Office P.O. Box 777			City Chepachet	State Rhode Island	Zip 02814
4. Business Phone No. (401) 265-0222		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island General trucking and express business					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kyle L. Wandyes			Vice President Name None		
Street Address P.O. Box 777			Street Address		
City Chepachet	State Rhode Island	Zip 02814	City	State	Zip
Secretary Name Kyle L. Wandyes			Treasurer Name Kyle L. Wandyes		
Street Address P.O. Box 777			Street Address P.O. Box 777		
City Chepachet	State Rhode Island	Zip 02814	City Chepachet	State Rhode Island	Zip 02814
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kyle L. Wandyes			Director Name		
Street Address P.O. Box 777			Street Address		
City Chepachet	State Rhode Island	Zip 02814	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		
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 500	Class/Series Common	Par Value No Par Value

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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.

File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

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 BY 105497

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: [Signature]
 Date: 2-7-12
 Kyle L. Wandyes
 President