



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000154907		2. Exact name of the Corporation VENDA TRUCKING, INC.			
3. Principal office address 88 SHIRLEY BOULEVARD			City CRANSTON	State RI	Zip 02910
4. Business Phone No. 401-785-2412			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island TRUCKING SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name MARIO M VENDA			Vice-President Name		
Street Address 88 SHIRLEY BOULEVARD			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Secretary Name MARIO M VENDA			Treasurer Name MARIO M VENDA		
Street Address 88 SHIRLEY BOULEVARD			Street Address 88 SHIRLEY BOULEVARD		
City CRANSTON	State RI	Zip 02910	City CRANSTON	State RI	Zip 02910
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name MARIO M VENDA			Director Name		
Street Address 88 SHIRLEY BOULEVARD			Street Address		
City CRANSTON	State RI	Zip 02910	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"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			200	CWP	\$0.01

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2012 MAR 28 AM 11:15

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

FILED
 MAR 28 2012
 1848

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 of Authorized Representative: Mario M. Venda Date: 3/1/12
 Print or Type Name of Authorized Representative: MARIO M. Venda