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		
557706	SEVEN STARS TRANSPORT, INC.		
3. Street Address Principal Business Office 34 WAKEFIELD AVENUE	City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-569-2220	5. State of Incorporation RI		
6. Brief Description of the Character of Business Conducted in Rhode Island TRUCKING			

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2012 APR -6 AM 10:25

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐	FILL IN SPACES BEFORE USING ATTACHMENTS		
President Name GILMAR A VARGAS	Vice President Name		
Street Address 34 WAKEFIELD AVE	Street Address		
City / State / Zip CRANSOTN / RI / 02920	City / State / Zip		
Secretary Name GILMAR A VARGAS	Treasurer Name GILMAR A VARGAS		
Street Address 34 WAKEFIELD AVE	Street Address 34 WAKEFIELD AVE		
City / State / Zip CRANSTON / RI / 02920	City / State / Zip CRANSTON / RI / 02920		

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2012 FEB 16 AM 11:51

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐	FILL IN SPACES BEFORE USING ATTACHMENTS		
Director Name GILMAR A VARGAS	Director Name		
Street Address 34 WAKEFIELD AVE	Street Address		
City / State / Zip CRANSTON / RI / 02920	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) ☐		
	ISSUED SHARES — **THIS SECTION MUST BE COMPLETED**		
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
		COMMON	

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.

[redacted]

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

FILED
APR 06 2012
By: 168179
DS

[redacted]

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 2/14/12

GILMAR A VARGAS
Print or Type Name

PRESIDENT
Title

75283-2-732118

Form 630 Rev. 08/08