



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. 000139349		2. Exact name of the Corporation REIS TRUCKING COMPANY		
3. Principal office address 65 Plymouth Rd.		City E. Providence	State RI	Zip 02914
4. Business Phone No. 401-225-8597		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island To provide hauling of materials for construction.				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>				
President Name George M. Reis		Vice-President Name George M. Reis		
Street Address 65 Plymouth ROAD		Street Address same as above		
City E. Providence	State RI	Zip 02914	City	State Zip
Secretary Name George M. Reis		Treasurer Name George M. Reis		
Street Address same as above		Street Address same as above		
City	State	Zip	City	State Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>				
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State Zip
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State Zip
<b>9. SHARES AUTHORIZED</b>				
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <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.				

2013 FEB 13 11:11:55  
 STATE OF RHODE ISLAND  
 DIVISION OF BUSINESS SERVICES

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.

**FILED**

File Date \_\_\_\_\_  
 Check No. **FEB 13 2013** FILED  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY **FEB 13 2013**

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: George M. Reis Date: 02/02/13  
 Print or Type Name of Authorized Representative: GEORGE M. REIS

BY 189804  
DS