



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) 222-3046 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

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. 51641		2. Exact name of the Corporation Central Truck Service Inc.			
3. Principal office address 131 Fletcher Avenue		City Cranston		State RI	Zip 02920
4. Business Phone No. (401) 942-0330		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Truck Repair Facility					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lawrence J. Forte			Vice-President Name Lawrence J. Forte		
Street Address 2 Centredale Avenue			Street Address 2 Centredale Avenue		
City N. Providence	State RI	Zip 02911	City N. Providence	State RI	Zip 02911
Secretary Name Lawrence J. Forte			Treasurer Name Lawrence J. Forte		
Street Address 2 Centredale Avenue			Street Address 2 Centredale Avenue		
City N. Providence	State RI	Zip 02911	City N. Providence	State RI	Zip 02911
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lawrence J. Forte			Director Name		
Street Address 2 Centredale Avenue			Street Address		
City N. Providence	State RI	Zip 02911	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
			40	Common	None

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 BY 2855

FILED

MAR 01 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.

Lawrence J. Forte 02/27/2013
Signature of Authorized Representative Date

Lawrence J. Forte - President

Print or Type Name of Authorized Representative