



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 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. <b>000515162</b>		2. Exact name of the Corporation <b>Ferril Trucking, Inc.</b>		
3. Principal office address <b>180 Shun Pike</b>		City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. Business Phone No. <b>401-647-7517</b>		5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Trucking Company</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Ferril Cardillo</b>		Vice-President Name		
Street Address <b>180 Shun Pike</b>		Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State Zip
Secretary Name <b>Ferril Cardillo</b>		Treasurer Name <b>Ferril Cardillo</b>		
Street Address <b>180 Shun Pike</b>		Street Address <b>180 Shun Pike</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b> Zip <b>02919</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	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
		100	Common Stock	No Par

2013 MAR 12 AM 11:10  
 SECRETARY OF STATE  
 CORPORATIONS DIV.

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 \_\_\_\_\_ **FILED**

Check No \_\_\_\_\_

By: \_\_\_\_\_ **MAR 12 2013**

FOR SECRETARY OF STATE USE ONLY  
**BY** 192373  
DS 11:10

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.

Ferril Cardillo 3/11/13  
 Signature of Authorized Representative Date

**Ferril Cardillo**  
 Print or Type Name of Authorized Representative