



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. 792032		2. Exact name of the Corporation BEST CHOICE TRANSPORTATION INC.	
3. Principal office address 15 PHEASANT HILL LANE		City CRANSTON	State R
		Zip 02921	
4. Business Phone No. 401-524-4887		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 RONALD MORALES		Vice-President Name WARD B. RICHARDSON	
Street Address 15 PHEASANT HILL LANE		Street Address 78 FIRST ROAD	
City CRANSTON	State RI	City CHEPACHET	State RI
	Zip 02921		Zip 02814
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name RONALD MORALES		Director Name WARD B. RICHARDSON	
Street Address 15 PHEASANT HILL LANE		Street Address 78 FIRST ROAD	
City CRANSTON	State RI	City CHEPACHET	State RI
	Zip 02921		Zip 02814
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
	Zip		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 100	CLASS/SERIES NPV

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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 6/9/13

Check No _____

By: Ronald Morales

FOR SECRETARY OF STATE USE ONLY

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.

Ronald Morales 6/9/13
 Signature of Authorized Representative Date

RONALD MORALES
 Print or Type Name of Authorized Representative

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By 199041
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