RI SOS Filing Number: 201432306630 Date: 01/02/2014 4:00 PM

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 2014

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.	2. Exact name of the Corporation
82140	R. Marinosci Trucking, Inc.

3. Principal office address	City	State	Zip
c/o Dennis M. DeSantis Ltd., 2220 Plainfield Pike	Cranston	RI	02921

4. Business Phone No.	5. State of Incorporation
401-272-5053	RI

6. Brief description of the character of business conducted in Rhode Island
Trucking company.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	City	State	Zip
Rudolph Marinosci	Attleboro	MA	02703
Street Address: 7 Melody Drive			

Vice-President Name	City	State	Zip
Rudolph Marinosci	Attleboro	MA	02703
Street Address: 7 Melody Drive			

Secretary Name	City	State	Zip
Rudolph Marinosci	Attleboro	MA	02703
Street Address: 7 Melody Drive			

Treasurer Name	City	State	Zip
Rudolph Marinosci	Attleboro	MA	02703
Street Address: 7 Melody Drive			

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	City	State	Zip
Rudolph Marinosci	Attleboro	MA	02703
Street Address: 7 Melody Drive			

Director Name	City	State	Zip
Street Address			

Director Name	City	State	Zip
Street Address			

Director Name	City	State	Zip
Street Address			

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par

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
JAN 0 2 2014
2945

File Date _____
Check No _____
By: _____ **BY**
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.

Signature of Authorized Representative — Date: 12-31-13

Rudolph Marinosci, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
101231-4-893711