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
56925	**Deerfield Trucking, Inc.**

3. Principal office address	City	State	Zip
5 Keyes Court	**East Greenwich**	**RI**	**02818**

4. Business Phone No.	5. State of Incorporation
(401) 884-8159	**Rhode Island**

6. Brief description of the character of business conducted in Rhode Island
Commercial and industrial freight

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

President Name	Vice-President Name
Michael J. Nahigian	**None**
Street Address: **5 Keyes Court**	Street Address:
City: **East Greenwich** State: **RI** Zip: **02891**	City: State: Zip:
Secretary Name: **Debora L. Nahigian**	Treasurer Name: **Michael J. Nahigian**
Street Address: **5 Keyes Court**	Street Address: **5 Keyes Court**
City: **East Greenwich** State: **RI** Zip: **02891**	City: **East Greenwich** State: **RI** Zip: **02891**

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

Director Name	Director Name
N/A	
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

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 value

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
MAR 04 2014

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

21082

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: 2/22/14

Michael J. Nahigian
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012