



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River St., Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

|                                                                                                                                            |              |                                                              |                      |               |              |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------|----------------------|---------------|--------------|
| 1. Corporate ID No.<br>113840                                                                                                              |              | 2. Name of Corporation<br>QUONSET POINT TRUCK & TRAILER INC. |                      |               |              |
| 3. Street Address Principal Business Office<br>22 CROSS PARK AVENUE                                                                        |              | City<br>NORTH KINGSTOWN                                      | State<br>RI          | Zip<br>02852- |              |
| 4. Business Phone No.<br>401-294-6074                                                                                                      |              | 5. State of Incorporation<br>RHODE ISLAND                    |                      |               |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>TO OPERATE A TRUCK REPAIRING BUSINESS.                      |              |                                                              |                      |               |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS           |              |                                                              |                      |               |              |
| President Name<br>Janice Spelman                                                                                                           |              | Vice President Name<br>Richard Spelman                       |                      |               |              |
| Street Address<br>22 Cross Park Avenue                                                                                                     |              | Street Address<br>22 Cross Park Avenue                       |                      |               |              |
| City<br>N. Kingstown                                                                                                                       | State<br>RI  | Zip<br>02852                                                 | City<br>N. Kingstown | State<br>RI   | Zip<br>02852 |
| Secretary Name<br>Janice Spelman                                                                                                           |              | Treasurer Name<br>Richard Spelman                            |                      |               |              |
| Street Address<br>22 Cross Park Avenue                                                                                                     |              | Street Address<br>22 Cross Park Avenue                       |                      |               |              |
| City<br>N. Kingstown                                                                                                                       | State<br>RI  | Zip<br>02852                                                 | City<br>N. Kingstown | State<br>RI   | Zip<br>02852 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS          |              |                                                              |                      |               |              |
| 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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |              |                                                              |                      |               |              |
| AUTHORIZED SHARES                                                                                                                          |              |                                                              | ISSUED SHARES        |               |              |
| Number of Shares                                                                                                                           | Class/Series | Par Value                                                    | Number of Shares     | Class/Series  | Par Value    |
| 1,000 COMM NO PAR VALUE                                                                                                                    |              |                                                              | 300                  | 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 05 2014

File Date 2/24/14 BY Janice Spelman  
Check No. 13067  
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 Janice Spelman Date 2/24/14  
Print or Type Name  
President  
Title