



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 2015

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. 82140		2. Exact name of the Corporation R. Marinosci Trucking, Inc.			
3. Principal office address c/o Dennis M. DeSantis Ltd., 2220 Plainfield Pike		City Cranston		State RI	Zip 02921
4. Business Phone No. 401-272-5053		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Trucking company.					
President Name Rudolph Marinosci					
Vice-President Name Rudolph Marinosci					
Street Address 7 Melody Drive					
City Attleboro		State MA	Zip 02703	City Attleboro	
State MA		Zip 02703	State MA		Zip 02703
Secretary Name Rudolph Marinosci					
Treasurer Name Rudolph Marinosci					
Street Address 7 Melody Drive					
City Attleboro		State MA	Zip 02703	City Attleboro	
State MA		Zip 02703	State MA		Zip 02703
Director Name Rudolph Marinosci					
Street Address 7 Melody Drive					
City Attleboro		State MA	Zip 02703	City Attleboro	
State MA		Zip 02703	State MA		Zip 02703
Director Name Director Name					
Street Address Street Address					
City Attleboro		State MA	Zip 02703	City Attleboro	
State MA		Zip 02703	State MA		Zip 02703
Director Name Director Name					
Street Address Street Address					
City Attleboro		State MA	Zip 02703	City Attleboro	
State MA		Zip 02703	State MA		Zip 02703
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		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.

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.

FILED

DEC 04 2014

BY 5990

Signature of Authorized Representative

Date

Rudolph Marinosci, President

Print or Type Name of Authorized Representative