



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. 000827061		2. Exact name of the Corporation D & E TRANSPORTATION, INC.				
3. Principal office address 551 TEN ROD ROAD		City NORTH KINGSTOWN	State RI	Zip 02852		
4. Business Phone No. 401-294-7315		5. State of Incorporation RHODE ISLAND				
6. Brief description of the character of business conducted in Rhode Island TO PROVIDE BUS RENTAL AND TRANSPORTATION						
OFFICERS						
President Name DIANE SALISBURY			Vice-President Name ELMER SALISBURY III			
Street Address 551 TEN ROD ROAD			Street Address 551 TEN ROD ROAD			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852	
Secretary Name ELMER SALISBURY III			Treasurer Name ELMER SALISBURY III			
Street Address 551 TEN ROD ROAD			Street Address 551 TEN ROD ROAD			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852	
DIRECTORS						
Director Name DIANE SALISBURY			Director Name			
Street Address 551 TEN ROD ROAD			Street Address			
City NORTH KINGSTOWN	State RI	Zip 02852	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.				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.

File Date: **2/28/15**
Checked by: **DIANE SALISBURY**
By: **DIANE SALISBURY**
FOR SECRETARY OF STATE

FILED

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

DIANE SALISBURY

Print or Type Name of Authorized Representative

MAR 02 2015

BY **mm**