



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. 12321		2. Exact name of the Corporation J. F. Moran Trucking Company, Inc.					
3. Principal office address 475 Douglas Pike				City Smithfield		State RI	Zip 02917
4. Business Phone No. 941-2670				5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island To engage in the carriage in freight for hire.							
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>							
President Name Edward J. Lanfredi				Vice-President Name Elizabeth Robson			
Street Address 475 Douglas Pike				Street Address 475 Douglas Pike			
City Smithfield		State RI	Zip 02917	City Smithfield		State RI	Zip 02917
Secretary Name G. John Gazerro, Jr.				Treasurer Name Josephine V. Murray			
Street Address 1551 Centreville Road				Street Address 475 Douglas Pike			
City Warwick		State RI	Zip 02886	City Smithfield		State RI	Zip 02917
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>							
Director Name William P. Black				Director Name Josephine V. Murray			
Street Address 475 Douglas Pike				Street Address 475 Douglas Pike			
City Smithfield		State RI	Zip 02917	City Smithfield		State RI	Zip 02917
Director Name G. John Gazerro, Jr.				Director Name Elizabeth Robson			
Street Address 1551 Centreville Road				Street Address 475 Douglas Pike			
City Warwick		State RI	Zip 02886	City Smithfield		State RI	Zip 02917
9. SHARES AUTHORIZED				10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
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
				160	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: _____
 Check No: _____
 By: _____

FILED

MAR 18 2015

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.

Josephine V. Murray 2-23-15
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY BY **358974**

Josephine V. Murray
 Print or Type Name of Authorized Representative