



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