



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. <b>000728084</b>		2. Exact name of the Corporation <b>TRANSPORT DRIVERS INC.</b>			
3. Principal office address <b>3540 SEVEN BRIDGES DRIVE, STE 300</b>		City <b>WOODRIDGE</b>	State <b>IL</b>	Zip <b>60517</b>	
4. Business Phone No. <b>630-350-0595</b>		5. State of Incorporation <b>NEW JERSEY</b>			
6. Brief description of the character of business conducted in Rhode Island <b>LOGISTICS PERSONNEL SERVICES</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>JONATHAN FORMENTO</b>		Vice-President Name <b>RONALD FORMENTO JR</b>			
Street Address <b>561 W. GLADYS</b>		Street Address <b>4515 PIPESTONE COURT</b>			
City <b>ELMHURST</b>	State <b>IL</b>	Zip <b>60126</b>	City <b>NAPERVILLE</b>	State <b>IL</b>	Zip <b>60564</b>
Secretary Name <b>RICHARD HICKEY</b>		Treasurer Name <b>SUSAN PIPPENGER</b>			
Street Address <b>336 KEYSTONE</b>		Street Address <b>1475 GREENLACE DRIVE</b>			
City <b>RIVER FOREST</b>	State <b>IL</b>	Zip <b>60305</b>	City <b>AURORA</b>	State <b>IL</b>	Zip <b>60502</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>N/A</b>		Director Name <b>N/A</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name <b>N/A</b>		Director Name <b>N/A</b>			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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	
		2500	CWP	10.00	

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: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

SEP 14 2015

BY 134857

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.

*Brenda L. Mann*  
Signature of Authorized Representative

09/09/2015

Date

**BRENDA L. MANN/SENIOR STAFF ACCOUNTANT**

Print or Type Name of Authorized Representative