



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 2014

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. 504588		2. Exact name of the Corporation Emerald Transportation Inc	
3. Principal office address 17 Sylvester St		City Barrington	State RI
4. Business Phone No. 401-569-4833		5. State of Incorporation RI	
6. Brief description of the character of business conducted in Rhode Island Transportation of Bakery Products			
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name Karen Farina		Vice-President Name Mark Boyle	
Street Address 17 Sylvester St		Street Address 17 Sylvester St	
City Barrington	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
Director Name Karen Farina		Director Name Mark Boyle	
Street Address 17 Sylvester St		Street Address 17 Sylvester St	
City Barrington	State RI	City Barrington	State RI
Zip 02806		Zip 02806	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐	
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	
		1000	CNP
			0.00

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

DEC 10 2015

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A.A. 12:18 p.m.

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.

Karen Farina **12/10/15**
Signature of Authorized Representative Date

Karen Farina
Print or Type Name of Authorized Representative