



**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

**2016**

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

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. Filing Number <b>122335</b>		2. Exact name of the Corporation <b>C.J.C. TRANSPORTATION, INC.</b>			
3. Principal office address <b>3 Vineland Avenue</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
4. Business Phone No. <b>(401) 233-3331</b>			5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island <b>TO ENGAGE IN THE BUSINESS OF TRANSPORTING MOTOR VEHICLES.</b>					
President Name <b>Gina M. Cabral</b>			Vice-President Name <b>Christopher J. Cabral</b>		
Street Address <b>3 Vineland Avenue</b>			Street Address <b>3 Vineland Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
Secretary Name <b>Gina M. Cabral</b>			Treasurer Name <b>Gina M. Cabral</b>		
Street Address <b>3 Vineland Avenue</b>			Street Address <b>3 Vineland Avenue</b>		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02911</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b> <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED (X) BOX FOR ATTACHMENT</b> <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
			1000	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: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
 JAN 14 2016  
 10293

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.

*Gina M. Cabral* January 12, 2016  
 Signature of Authorized Representative Date  
**GINA M. CABRAL**

Print or Type Name of Authorized Representative