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 2016

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.	2. Exact name of the Corporation		
137234	SONIC TRANSPORT, INC.		
3. Principal office address: 587 OAKLAWN AVENUE	City: CRANSTON	State: R.I.	Zip: 02920
4. Business Phone No.: (401-946-8888)	5. State of Incorporation: RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island: PICK UP AND DELIVER LOCAL FREIGHT			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: WILLIAM TARTAGLIONE II			Vice-President Name: JAMES F. QUINLAN		
Street Address: 587 OAKLAWN AVENUE			Street Address: 7 PONDEROSA LANE		
City: CRANSTON	State: R.I.	Zip: 02920	City: EAST WALPOLE	State: MASS	Zip: 02032
Secretary Name: WILLIAM TARTAGLIONE II			Treasurer Name: JAMES F. QUINLAN		
Street Address: 587 OAKLAWN AVENUE			Street Address: 7 PONDEROSA LANE		
City: CRANSTON	State: R.I.	Zip: 02920	City: EAST WALPOLE	State: MASS	Zip: 02032

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: WILLIAM TARTAGLIONE II			Director Name: JAMES F. QUINLAN		
Street Address: 587 OAKLAWN AVENUE			Street Address: 7 PONDEROSA LANE		
City: CRANSTON	State: R.I.	Zip: 02920	City: EAST WALPOLE	State: MASS	Zip: 02032
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

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.
600
NO PAR VALUE

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200 SHARES	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 19 2016
BY 3074

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.

William Tartaglione II 1-13-16
Signature of Authorized Representative — Date

WILLIAM TARTAGLIONE II
Print or Type Name of Authorized Representative