



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River St., Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 113840		2. Name of Corporation QUONSET POINT TRUCK & TRAILER INC.									
3. Street Address Principal Business Office 22 CROSS PARK AVENUE		City NORTH KINGSTOWN	State RI	Zip 02852-							
4. Business Phone No. 401-294-6074		5. State of Incorporation RHODE ISLAND									
6. Brief Description of the Character of Business Conducted in Rhode Island TO OPERATE A TRUCK REPAIRING BUSINESS.											
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name Janice Spelman		Vice President Name Richard Spelman									
Street Address 22 Cross Park Avenue		Street Address 22 Cross Park Avenue									
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852						
Secretary Name Janice Spelman		Treasurer Name Richard Spelman									
Street Address 22 Cross Park Avenue		Street Address 22 Cross Park Avenue									
City N. Kingstown	State RI	Zip 02852	City N. Kingstown	State RI	Zip 02852						
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS											
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						
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐						10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐					
AUTHORIZED SHARES						ISSUED SHARES					
Number of Shares		Class/Series		Par Value		Number of Shares		Class/Series		Par Value	
1,000 COMM NO PAR VALUE						300		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.



MAR 01 2016

File Date

Check No. BY MT3421

By:

FOR SECRETARY OF STATE USE ONLY

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.

Signature

Date

Janice Spelman

Print or Type Name

President

Title

Form 630 12/05