



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUL 12 AM 9:16

1. Entity ID Number 139860		2. Exact name of the Corporation CTM Transportation, Inc.			
3. Principal Office Address 33 Baron Road		City Barrington		State RI	Zip 02806
4. Business Phone Number 401/265-8458		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Contract transportation					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Matthew T. Tiplady		Vice-President Name None			
Street Address 31 Baron Road		Street Address			
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Matthew T. Tiplady		Treasurer Name Matthew T. Tiplady			
Street Address 31 Baron Road		Street Address 31 Baron Road			
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 1,000	CLASS/SERIES Common	PAR VALUE No Par	
11. 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. 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.					
Name of Authorized Representative Matthew T. Tiplady					Date 7/11/2016
Signature of Authorized Representative 					SIGN DOCUMENT HERE

FILED

JUL 12 2016

By 278754
A.A.

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 05/2016