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State of Rhode Island and Providence Plantations
Department of State – Business Services Division

FILED
JAN 23 2017
BY 752391

ANNUAL REPORT FOR THE YEAR 2017

Corporation

→ **Filing Period:** January 1 - March 1
→ **Filing Fee:** $50.00
→ **Penalty:** Additional $25.00 fee if form is not filed by April 1

1. Corporate ID No.	2. Name of Corporation		
000020319	Rhody Transportation & Warehousing, Inc.		
3. Street Address Principal Business Office	City	State	Zip
600 Callahan Road	North Kingstown	RI	02852
4. NAICS Code: 48-49	5. State of Incorporation: Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
Transportation, common carrier

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Steven H. Harrall	600 Callahan Road	North Kingstown	RI	02852

Vice President Name	Street Address	City	State	Zip
Kenneth W. Harrall	600 Callahan Road	North Kingstown	RI	02852

Secretary Name	Street Address	City	State	Zip
Steven H. Harrall	600 Callahan Road	North Kingstown	RI	02852

Treasurer Name	Street Address	City	State	Zip
Kenneth W. Harrall	600 Callahan Road	North Kingstown	RI	02852

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED: *("X" BOX FOR ATTACHMENT)* ☐

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

ISSUED SHARES – THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100 shares	common stock	of no par value

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.

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.

Steven H. Harrall, Pres. — 1-10-17

Signature — *Date*

Steven H. Harrall
Print or Type Name

President
Title

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: 10/2016