

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

JAN 2 3 2017 🔍

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

Street Address Principal Busine	000020319 Rhody Transportation & Wareho			State	Zip	
600 Callahan Road			North Kingstown	RI	02852	
4. NAICS Code 48 - 49		5. State of Incorporation Rhode Island	Rhode Island			
Brief Description of the Charac Transportation, commo		aducted in Rhode Island				
		FICERS: ("X" BOX FOR ATTA	CHMENT) FILL IN	SPACES BEFORE U	ISING ATTACHME	INTS
Street Address 600 Callahan Road			Street Address 600 Callahan Road			
Cuy North Kingstown	State RI	^{Zip} 02852	City North Kingstown	State RI	^{Zip} 0285 2	2
Secretary Name Steven H. Harrall			Treasurer Name Kenneth W. Harrall			
Street Address 600 Callahan Road			Street Address 600 Callahan Road			
^{City} North Kingstown	State R1	Zip 02852	City North Kingstown	State P1	2ip 02852	<u> </u>
•	1	UZOSZ ECTORS: ("X" BOX FOR AT	North Kingstown	1	I I	
Director Name	23 OF THE DIR	ECTORS: (A BUAFUR AT	Director Name	N SPACES BEFORE	USING ATTACHM	ien i
Street Address		Street Address				
Сиу	State	Zip	Сіту	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
. SHARES AUTHORIZED:	("X" BOX FOR	RATTACHMENT)	1	*	TACHMENT)	
				Class/Series	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			Number of Shares			
nstruction sheet.	dditional ming	. See Section 7 of		State RI State RI State Ri State Ri State State State State C"X" BOX FOR ATTACHMENT MUST BE COMPLETED Class/Series Par Va Ck of no par value		
1. This report must be execustee, this report must be e	uted on behalf executed on bel	of the corporation by an authoral for the corporation by the	orized representative. If the receiver or trustee.	e corporation is in t	he hands of a receiv	iver o
		have examined this report, inclu	ding any accompanying sch	edules and statements	s, and that all stateme	ents
ained herein are true and obri	rect/)	(,)				
Adein A Mericel the.						
<u> </u>		<i>i</i> - ,		Date		-
nature						
_{nature} even H. Harrall						
nature						

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