



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

**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. Entity ID Number <b>139860</b>		2. Exact name of the Corporation <b>CTM Transportation, Inc.</b>										
3. Principal Office Address <b>33 Baron Road</b>		City <b>Barrington</b>	State <b>RI</b>									
		Zip <b>02806</b>										
4. NAICS Code <b>48-49 - Transportation and War</b>	6. Brief description of the character of business conducted in Rhode Island <b>Contract transportation</b>											
5. State of Incorporation <b>Rhode Island</b>												
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>												
President Name <b>Matthew T. Tiplady</b>		Vice-President Name <b>None</b>										
Street Address <b>37 Tompson Drive</b>		Street Address										
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>										
Secretary Name <b>Matthew T. Tiplady</b>		Treasurer Name <b>Matthew T. Tiplady</b>										
Street Address <b>37 Tompson Drive</b>		Street Address <b>37 Tompson Drive</b>										
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>										
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>												
Director Name <b>None</b>		Director Name										
Street Address		Street Address										
City	State	Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
9. Shares Authorized <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.		10. Shares Issued										
Changes require an additional filing.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>1,000</b></td> <td><b>Common</b></td> <td><b>No par value</b></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>1,000</b>	<b>Common</b>	<b>No par value</b>			
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<b>1,000</b>	<b>Common</b>	<b>No par value</b>										
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.												
<b>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.</b>												
Name of Authorized Representative <b>Matthew T. Tiplady</b>		Date <b>2-25-2017</b>										
Signature of Authorized Representative <i>Matthew T. Tiplady</i>												

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

**MAR 09 2017**

**2135**

FORM 630 - Revised: 02/2017