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	2. Exact name of the Corporation
139860	CTM Transportation, Inc.

3. Principal Office Address	City	State	Zip
33 Baron Road	Barrington	RI	02806

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
48-49 - Transportation and War	Contract transportation
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Matthew T. Tiplady	Vice-President Name: None
Street Address: 37 Tompson Drive	Street Address:
City: Seekonk State: MA Zip: 02771	City: State: Zip:
Secretary Name: Matthew T. Tiplady	Treasurer Name: Matthew T. Tiplady
Street Address: 37 Tompson Drive	Street Address: 37 Tompson Drive
City: Seekonk State: MA Zip: 02771	City: Seekonk State: MA Zip: 02771

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: None	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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. **Changes require an additional filing.**	1,000	Common	No par value

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	Date
Matthew T. Tiplady	2-25-2017
Signature of Authorized Representative	

SIGN DOCUMENT HERE

FILED
MAR 0 9 2017
BY 2135

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: 02/2017