RI SOS Filing Number: 201737819600 Date: 3/9/2017 4:00:00 PM

State of Rhode Island a  Department of S			Division				
Annual Report for the y Corporation							
<ul> <li>→ Filing period: January 1 -</li> <li>→ Filing Fee: \$50.00</li> <li>→ Penalty: Additional \$25.00</li> </ul>		ot filed by April 1.					
1. Entity ID Number		ne of the Corporation					
106253		CKING, INC.	OII				
Principal Office Address	<u> </u>		City		Ctoto	l <del>-v</del>	
46 Wilbur Road			Lincoln		State RI	Zip <b>02865</b>	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business	conducted in Rhode I	· ·		
48-49 - Transportation and V		operate a comme			Jany		
5. State of Incorporation	7						
Rhode Island							
7. List ALL officers (names and a	ddresses)			Check	the box to	indicate an attachment	
President Name Robert S. Arciero	Vice-Preside	Vice-President Name					
Street Address 46 Wilbur Road			Street Addre	Street Address			
City Lincoln	State RI	<sup>Zip</sup> 02865	City		State	Zip	
Secretary Name Robert S. Arciero	Treasurer Name Robert S. Arciero						
Street Address 46 Wilbur Road	Street Address 46 Wilbur Road						
City Lincoln	State RI	Zip <b>02865</b>	City Lincol	n	State R	Zip 02865	
8. List ALL directors (names and a	(ddresses			Check	L the box to	indicate an attachment	
Director Name none	Director Nam	Director Name					
Street Address			Street Addres	s	<del></del>		
City	State	Zip	City		State	Zip	
Director Name	<u> </u>		Director Name	e			
Street Address	Street Address						
			Sueet Address				
City	State	Zip	City		State	Zip	
9. Shares Authorized This information is currently of reco	rd in the	10. Shares Issu NUMBER OF		Check t	ne box to i	indicate an attachment	
Department of State. Changes require an additional filing.		51	SHARES	CLASS/SERIES		PAR VALUE	
		<del>-</del>		common		\$1.00	
11 This report must be executed a	n bobalf of the						
<ol> <li>This report must be executed or rustee, this report must be executed</li> </ol>	zu on benan or i	DE COMORATION NV 1	DO FORGILIAR AF TH	untoo			
Under penalty of perjury, i declar statements, and that all statemen	'e and affirm th	at I have examine	d this report is	ncluding any accomp	panying s	chedules and	
Name of Authorized Representative	e contained in	ierein are uue and	COTTECT.	· <u></u>	Date	<del>-</del>	
Robert S. Arciero , President	l				2	14/2017	
Signature of Authorized Representa	tive	-		····	· !		
40-5H							
AIL TO: ivision of Business Services			<b>6 1 3 3 3 3 3 3 3 3 3 3</b>				
			MARING	2017			

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone**: (401) 222-3040

Website: www.sos.ri.gov

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