



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 108796		2. Exact name of the Corporation D. RAY, INC.			
3. Principal Office Address 118 Staples Road			City Cumberland	State RI	Zip 02864
4. NAICS Code 48-49 - Transportation and Warehousing		6. Brief description of the character of business conducted in Rhode Island commercial trucking			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel R. Ray			Vice-President Name Richard Ray		
Street Address 118 Staples Road			Street Address 10 Ventry Drive		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Daniel R. Ray			Treasurer Name Daniel R. Ray		
Street Address 118 Staples Road			Street Address 118 Staples Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			51	common	\$1.00
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 Daniel R. Ray, President					Date 2/28/17
Signature of Authorized Representative 					

FILED

MAR 20 2017

BY 2479 DS

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov