/E3\	sland and Providence F : of State - Busin		Division	CU CD			
Annual Report for the year: Corporation → Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1.			FILED APR 1 5 2019 34 1000				
							Entity ID Number 2. Exact name of the Corporation
106253	R & R Tr	R & R Trucking, Inc.					
3. Principal Office Address 46 Wilbur Road			City Lincoln	State RI	Z _I p 02865		
4. NAICS Code	6. Brief desc	ription of the charac	ter of business conducted in	Rhode Island	•		
5. State of Incorporation Rhode Island			al trucking business				
7. List ALL officers (name	s and addresses)		Vice-President Name	Check the box to indic	cate an attachment		
President Name Robert S.	Arciero		VICE-FIESIDER NAME				
	Street Address 46 Wilbur Road						
Street Address 46 Wilbur I	Road		Street Address				
46 Wilbur I	Road State RI	^{Zip} 02865	Street Address City	State	Zip		
City Lincoln	State RI	^{Zip} 02865	City		Zip		
City Lincoln Secretary Name Jeannette	State RI I. Arciero	^{Z(p} 02865		S. Arciero	Zip		
City Lincoln Secretary Name Jeannette Street Address 46 Wilbur F	State RI I. Arciero	^{Zip} 02865	City Treasurer Name Robert S	S. Arciero	Zip Zip 02865		
City Lincoln Secretary Name Jeannette	State RI I. Arciero Road State RI		City Treasurer Name Robert S Street Address 46 Wilbur City Lincoln	S. Arciero Road	Zip 02865		
City Lincoln Secretary Name Jeannette Street Address 46 Wilbur F	State RI I. Arciero Road State RI		City Treasurer Name Robert S Street Address 46 Wilbur	Road State RI	Zip 02865		
City Lincoln Secretary Name Jeannette Street Address 46 Wilbur F City Lincoln 8. List ALL directors (name)	State RI I. Arciero Road State RI		City Treasurer Name Robert S Street Address 46 Wilbur City Lincoln	Road State RI	Zip 02865		

City	State	Zıp	City	-	State	Zip	
9. Shares Authorized		10. Shares Issued		Check the box to indicate an attachment			
This Information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES		PAR VALJE	
				common	\$1.00	\$1.00	
Changes require an addit	ional filing.						
11. This const must be	avecuted as babalf of th	o corporation by	an authorized con	occutative. If the comers	tion is in the hand	de of a receiver	

Director Name

Street Address

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

Robert S. Arciero, President

Signature of Authorized Representative

MAIL TO:

Director Name

Street Address

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov V

Date 4