STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
***Matthew A. Brown**, Secretary of State*

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: $50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No	2. Name of Corporation			
134574	BFH TRUCKING, INC.			
3. Street Address Principal Business Office		City	State	Zip
875 Branch Avenue		Providence	RI	02904
4. Business Phone No	5. State of Incorporation			6. SIC Code
401-225-9012	RHODE ISLAND			

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE GENERALLY IN THE TRUCKING AND TRANSPORTATION BUSINESS

8. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Brian Harvey	Brian Harvey
Street Address	Street Address
875 Branch Avenue	Same
City / State / Zip	City / State / Zip
Providence / RI / 02904	
Secretary Name	Treasurer Name
Same	
Street Address	Street Address
City / State / Zip	City / State / Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Brian Harvey	
Street Address	Street Address
875 Branch Avenue	
City / State / Zip	City / State / Zip
Providence / RI / 02904	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

05 MAY 12 AM 11:0[illegible]

10. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐ **11. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class Series*	*Par Value*	*Number of Shares*	*Class Series*	*Par Value*
4,000 NO PAR VALUE			4.000	No Par Value	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted]

134574

FILED
File Date MAY 12 2005
Check No. By M65988
By:
FOR SECRETARY OF STATE USE ONLY GMA

[redacted]

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.

Signature of Officer *Date*

BRAIN HARVEY
Print or Type Name of Officer

PRES
Title of Officer

Form 630 Rev. 12/03

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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875 Branch Avenue	Providence	RI	02904
4 Business Phone No	5. State of Incorporation		6. SIC Code
(401) 225-9012	RHODE ISLAND		6538

7 Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE GENERALLY IN THE TRUCKING AND TRANSPORTATION BUSINESS

8. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Brian Harvey			Brian Harvey		
Street Address			Street Address		
875 Branch Avenue			Same		
City	State	Zip	City	State	Zip
Providence	RI	02904			
Secretary Name			Treasurer Name		
Brian Harvey			Brian Harvey		
Street Address			Street Address		
Same			Same		
City	State	Zip	City	State	Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Brian Harvey					
Street Address			Street Address		
875 Branch Avenue					
City	State	Zip	City	State	Zip
Providence	RI	02904			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
4,000 NO PAR VALUE			1,000	NO PAR	NO PAR

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

* 134574 *

File Date 6/17/04
Check No. 191
By: W.
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Brian Harvey — April 16, 200[illegible]
Signature of Officer *Date*

Brian Harvey
Print or Type Name of Officer

President
Title of Officer

Form 630 Rev. 12/03