



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. 100186		2. Name of Corporation Fearing Trucking, Inc.		
3. Street Address, Principal Business Office 775 Knotty Oak Road		City Coventry	State RI	Zip 02816
4. Business Phone No.		5. State of Incorporation RHODE ISLAND		6. SIC Code 6638

Brief Description of the Character of Business Conducted in Rhode Island
TRUCKING AND RELATED SERVICES.

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

President Name Raymond Fearing			Vice President Name Raymond Fearing		
Street Address 775 Knotty Oak Road			Street Address 775 Knotty Oak Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Same			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 Raymond Fearing			Director Name		
Street Address Same			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class Series	Par Value	Number of Shares	Class Series	Par Value
500 NO PAR VALUE			100	Common	NPV

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



File Date 2-7-05
Check No. 609
By: MB
FOR SECRETARY OF STATE USE ONLY

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.

Raymond Fearing 1-29-05
Signature of Officer Date
Raymond Fearing
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 100186		2. Name of Corporation FEARING TRUCKING, INC.			
3. Street Address Principal Business Office 775 Knotty Oak Road			City Coventry	State RI	Zip 02816
4. Business Phone No.		5. State of Incorporation Rhode Island			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Trucking					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/>					
President Name Raymond Fearing			Vice President Name Raymond Fearing		
Street Address 775 Knotty Oak Road			Street Address 775 Knotty Oak Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Raymond Fearing			Treasurer Name Raymond Fearing		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input checked="" type="checkbox"/>					
Director Name Raymond Fearing			Director Name		
Street Address Same			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	Common	NPV	100	Common	NPV

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

File Date: **FILED**

Check No.: **JAN 14 2004**

By: **By M. J. G. G. G. G.**

FOR SECRETARY OF STATE USE ONLY

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.

Raymond Fearing ✓ **1/13/04** ✓
Signature of Officer Date

Raymond Fearing
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 100186		2. Name of Corporation FEARING TRUCING, INC.			
3. Street Address Principal Business Office 775 Knotty Oak Road			City Coventry	State RI	Zip 02816
4. Business Phone No.		5. State of Incorporation Rhode Island			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island Trucking					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Raymond Fearing			Vice President Name Raymond Fearing		
Street Address 775 Knotty Oak Road			Street Address 775 Knotty Oak Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Raymond Fearing			Treasurer Name Raymond Fearing		
Street Address Same			Street Address Same		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Raymond Fearing			Director Name		
Street Address Same			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	Common	NPV	100	Common	NPV

JAN 14 1 22 PM '04
 RECEIVED
 SECRETARY OF STATE
 OFFICE OF THE SECRETARY OF STATE

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

FILED

File Date: JAN 14 2004

Check No.: By M1670-2011

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Raymond Fearing 1/13/04
Signature of Officer Date

Raymond Fearing
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 100186		2. Name of Corporation FEARING TRUCKING, INC.			
3. Street Address Principal Business Office 775 Knotty Oak Road			City Coventry	State RI	Zip 02816
4. Business Phone No.		5. State of Incorporation Rhode Island			6. SIC Code 6638
7. Brief Description of the Character of Business Conducted in Rhode Island Trucking & Related Services					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Raymond Fearing			Vice President Name Raymond Fearing		
Street Address 775 Knotty Oak Road			Street Address 775 Knotty Oak Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Raymond Fearing			Director Name Raymond Fearing		
Street Address 775 Knotty Oak Road			Street Address 775 Knotty Oak Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Same			Director Name Same		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 No Par Value			100	Common	NPV

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

File Date: 8-5-02
280

Check No.: 2

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Raymond Fearing 7/2/02
Signature of Officer Date

Raymond Fearing
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **100186** 2. Name of Corporation **Fearing Trucking, Inc.**
3. Street Address Principal Business Office **24 Angell Avenue** City **Johnston** State **RI** Zip **02919**
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **6638**

7. Brief Description of the Character of Business Conducted in Rhode Island

Trucking & Related Services

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

President Name Raymond Fearing Street Address 24 Angell Avenue City Johnston State RI Zip 02919	Vice President Name Raymond Fearing Street Address 24 Angell Avenue City Johnston State RI Zip 02919
Secretary Name Same Street Address City _____ State _____ Zip _____	Treasurer Name Same Street Address City _____ State _____ Zip _____

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

Director Name Raymond Fearing Street Address 24 Angell Avenue City Johnston State RI Zip 02919	Director Name Raymond Fearing Street Address 24 Angell Avenue City Johnston State RI Zip 02919
Director Name Same Street Address City _____ State _____ Zip _____	Director Name Same Street Address City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Class/Series	Par Value
500 NO PAR VALUE		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES	Class/Series	Par Value
100	Common	NPV

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



* 1 0 0 1 8 6 *

File Date: 3-12-01
Check No: 1211
By: [Signature]

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] 3-1-01
Signature of Officer Date

Raymond Fearing
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 100186 2. Name of Corporation Fearing Trucking, Inc.
3. Street Address Principal Business Office 24 Angell Avenue City Johnston State RI Zip 02919
4. Business Phone No. _____ 5. State of Incorporation RI 6. SIC Code 6638
7. Brief Description of the Character of Business Conducted in Rhode Island
Trucking & related services

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name <u>Raymond Fearing</u>	Vice President Name _____
Street Address <u>24 Angell Avenue</u>	Street Address _____
City <u>Johnston</u> State <u>RI</u> Zip <u>02919</u>	City _____ State _____ Zip _____
Secretary Name _____	Treasurer Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name <u>Raymond Fearing</u>	Director Name _____
Street Address <u>same as above</u>	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Director Name _____	Director Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>Common</u>	<u>npv</u>

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
<u>100</u>	<u>common</u>	<u>npv</u>

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

File Date: PAID
AUG 28 2000
Check No.: _____
By: SEC'Y OF STATE

Raymond Fearing 8/21/00
Signature of Officer Date

Raymond Fearing
Print or Type Name of Officer

President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 100186 2. Name of Corporation Fearing Trucking, Inc.
3. Street Address Principal Business Office 117 Pocasset Avenue City Providence State RI Zip 02906
4. Business Phone No. 5. State of Incorporation RI 6. SIC Code 6638

7. Brief Description of the Character of Business Conducted in Rhode Island
Trucking and Related Services

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

President Name Raymond Fearing	Vice President Name
Street Address 117 Pocasset Avenue	Street Address
City Providence State RI Zip 02906	City State Zip
Secretary Name	Treasurer Name
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 Raymond Fearing	Director Name
Street Address 117 Pocasset Avenue	Street Address
City Providence State RI Zip 02906	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
500	common	NPV

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	common	NPV

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

File Date: 9-2-99
Check No.: 11021813
By: AMF

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: Raymond Fearing Date: 8-20-99
Print or Type Name of Officer: Raymond Fearing
Title of Officer: President