



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.

FEB - 3 PM 12:50

1. Entity ID Number 83237		2. Exact name of the Corporation SeaView Trucking, Inc.			
3. Principal Office Address 66 Regina Drive		City Cranston		State RI	Zip 02921
4. NAICS Code 81 - Other Services (except Pub	6. Brief description of the character of business conducted in Rhode Island TO PROVIDE A TRUCKING, HAULING AND DELIVERY SERVICE FOR VARIOUS ITEMS				
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 David H. Phillips			Vice-President Name None		
Street Address 66 Regina Drive			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name Ann Marie Phillips			Treasurer Name David H. Phillips		
Street Address 66 Regina Drive			Street Address 66 Regina Drive		
City Cranston	State RI	Zip 02921	City Cranston	State RI	Zip 02921
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 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.			10. Shares Issued		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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 David H. Phillips				Date 1-25-17	
Signature of Authorized Representative 				FILED SIGN DOCUMENT HERE FEB 03 2017 By 294954	

MAIL TO:
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Website: www.sos.ri.gov