



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 1024160		2. Exact name of the Corporation MASS BEST DELIVERY SERVICES INC			
3. Principal Office Address 286 ETRICK STREET			City BROCKTON	State MA	Zip 02301
4. NAICS Code 48-49 - Transportation and		6. Brief description of the character of business conducted in Rhode Island TRANSPORTATION HOME DELIVERY SERVICE			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name STON SAUVEUR			Vice-President Name STON SAUVEUR		
Street Address 286 ETRICK STREET			Street Address 286 ETRICK STREET		
City BROCKTON	State MA	Zip 02301	City BROCKTON	State MA	Zip 02301
Secretary Name SANDRA SAUVEUR			Treasurer Name STON SAUVEUR		
Street Address 286 ETRICK STREET			Street Address 286 ETRICK STREET		
City BROCKTON	State MA	Zip 02301	City BROCKTON	State MA	Zip 02301
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name STON SAUVEUR			Director Name SANDRA SAUVEUR		
Street Address 286 ETRICK STREET			Street Address 286 ETRICK STREET		
City BROCKTON	State MA	Zip 02301	City BROCKTON	State MA	Zip 02301
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
			100	CNP	0
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. <i>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.</i>					
Name of Authorized Representative STON SAUVEUR				Date 02/22/2017	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
MAR 06 2017
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