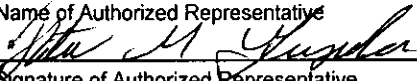


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000551046		2. Exact name of the Corporation CASCADA TRUCKING, INC.			
3. Principal Office Address P. O. BOX 27053			City PROVIDENCE	State RI	Zip 02907
4. Business Phone Number 401-286-8613			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island TRUCKING					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name RITA GRAJEDA			Vice-President Name		
Street Address 129 JULIAN STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name RITA GRAJEDA			Treasurer Name RITA GRAJEDA		
Street Address 129 JULIAN STREET			Street Address 129 JULIAN STREET		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name RITA GRAJEDA			Director Name		
Street Address 129 JULIAN STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		100	COMMON	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.					
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 					Date 3/27/17
Signature of Authorized Representative RITA GRAJEDA					

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 31 2017

BY

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