

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

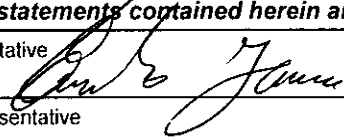
Annual Report for the year: 2017

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 000798376		2. Exact name of the Corporation GARCIA'S TRANSPORTATION, INC.			
3. Principal Office Address 39 SORRENTO STREET			City PROVIDENCE	State RI	Zip 02909
4. Business Phone Number 401-632-2145			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					
President Name CIRILO GARCIA			Vice-President Name CIRILO GARCIA		
Street Address 39 SORRENTO STREET			Street Address 39 SORRENTO STREET		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name CIRILO GARCIA			Treasurer Name CIRILO GARCIA		
Street Address 39 SORRENTO STREET			Street Address 39 SORRENTO 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					
Director Name CIRILO GARCIA			Director Name		
Street Address 39 SORRENTO STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		COMMON
			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 					Date 3-29-17
Signature of Authorized Representative CIRILO GARCIA					

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 *DZ*
APR 03 2017
BY 273

FORM 630 - Revised: 05/2016