


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 001657575		2. Exact name of the Corporation VICTOR TRUCKING, INC.			
3. Principal Office Address 107 GARFIELD STREET			City CENTRAL FALLS	State RI	Zip 02863
4. Business Phone Number 401-744-8885			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 VICTOR ORMENO			Vice-President Name		
Street Address 107 GRAFIELD ST			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	City	State	Zip
Secretary Name VICTOR ORMENO			Treasurer Name VICTOR ORMENO		
Street Address 107 GRAFIELD ST			Street Address 107 GRAFIELD ST		
City CENTRAL FALLS	State RI	Zip 02863	City CENTRAL FALLS	State RI	Zip 02863
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name VICTOR ORMENO			Director Name		
Street Address 107 GRAFIELD ST			Street Address		
City CENTRAL FALLS	State RI	Zip 02863	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
		1000		CWP	1
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
Signature of Authorized Representative VICTOR R. ORMENO					

RECEIVED
 R.I. DEPT OF STATE
 BUS SVCS DIV
 APR 10 PM 2:04

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
 APR 10 2017
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