



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.

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 BUS SVCS DIV

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1. Entity ID Number 000015003		2. Exact name of the Corporation CUNHA TRUCKING & MOVING CO., INC.			
3. Principal Office Address 55 Amaral Street			City East Providence,	State RI	Zip 02915
4. NAICS Code 48-49 - Transportation and War		6. Brief description of the character of business conducted in Rhode Island General trucking, transportation of household goods, commercial tangible property, storage			
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 Dorothy Cunha			Vice-President Name Edward Anthony Cunha		
Street Address 239 Martin Street			Street Address 5 Medieros Farm Road		
City East Providence	State RI	Zip 02914	City Seekonk	State MA	Zip 02771
Secretary Name Dorothy Cunha			Treasurer Name Edward Anthony Cunha		
Street Address 239 Martin Street			Street Address 5 Medieros Road		
City East Providence	State RI	Zip 02914	City Seekonk	State Ma	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Edward Anthony Cunha			Director Name		
Street Address 5 Medeiros Farm Road			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
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
			2,000.00	STK	\$0.0000
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 Edward Anthony Cunha					Date 8-14-17
Signature of Authorized Representative 			FILED		

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

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