



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.

RECEIVED  
R.I. DEPT. OF STATE  
BUS SVCS DIV

2017 SEP 15 PM 12:00

1. Entity ID Number <u>001335925</u>		2. Exact name of the Corporation <u>Bmps and Son Trucking Inc</u>	
3. Principal Office Address <u>30 Notre Dame st</u>		City <u>Central falls</u>	State <u>RI</u>
4. NAICS Code <u>484121</u>		6. Brief description of the character of business conducted in Rhode Island <u>Transportation Trucking Business</u>	
5. State of Incorporation <u>RI</u>		Zip <u>02863</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Billy S Perez</u>		Vice-President Name <u>Billy S Perez</u>	
Street Address <u>30 Notre Dame st</u>		Street Address <u>same</u>	
City <u>Central falls</u>	State <u>RI</u>	Zip <u>02863</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>same</u>		Director Name <u>same</u>	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.		NUMBER OF SHARES <u>0</u>	
Changes require an additional filing. <u>100%</u>		CLASS/SERIES	
		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 <u>Billy S. Perez</u>		Date <u>9/15/17</u>	
Signature of Authorized Representative <u>[Signature]</u>		SIGN DOCUMENT HERE	

FILED

SEP 15 2017

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

BY

MA 312544

FORM 630 - Revised: 02/2017