



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

Annual Report for the year: 2018
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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SECRETARY OF STATE
CORPORATIONS DIV
2017 DEC 12 AM 11:38

1. Entity ID Number <u>543922</u>		2. Exact name of the Corporation <u>Dimitrov Local Delivery Inc</u>			
3. Principal Office Address <u>1 Heritage drive</u>			City <u>East Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>
4. NAICS Code <u>492210</u>		6. Brief description of the character of business conducted in Rhode Island <u>package delivery - courier</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>Rumen Dimitrov</u>			Vice-President Name		
Street Address <u>1 Heritage drive</u>			Street Address		
City <u>East Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			1000.00		PAR VALUE
				0.00	
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>Rumen Dimitrov</u>				Date <u>12/12/2017</u>	
Signature of Authorized Representative <u>[Signature]</u>				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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BY 319618