



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.

1. Entity ID Number 82140		2. Exact name of the Corporation R. Marinosci Trucking, Inc.			
3. Principal Office Address c/o Dennis DeSantis Ltd. - 2220 Plainfield Pike			City Cranston	State RI	Zip 02921
4. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island Trucking Company			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rudolph Marinosci			Vice-President Name Rudolph Marinosci		
Street Address 7 Melody Drive			Street Address 7 Melody Drive		
City Attleboro	State MA	Zip 02703	City Attleboro	State MA	Zip 02703
Secretary Name Rudolph Marinosci			Treasurer Name Donna Marinosci		
Street Address 7 Melody Drive			Street Address 7 Melody Drive		
City Attleboro	State MA	Zip 02703	City Attleboro	State MA	Zip 02703
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rudolph Marinosci			Director Name		
Street Address 7 Melody Drive			Street Address		
City Attleboro	State MA	Zip 02703	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
		100		Common	No Par
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. <i>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.</i>					
Name of Authorized Representative Rudolph Marinosci					Date 12-27-17
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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