



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
 2018 JAN -9 AM 10:25

1. Entity ID Number 543310		2. Exact name of the Corporation Difo Deliveries, Inc.			
3. Principal Office Address 199 Elmdale Avenue			City Providence	State RI	Zip 02909
4. NAICS Code 492110		6. Brief description of the character of business conducted in Rhode Island Delivery service			
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 Rafael A. Difo			Vice-President Name John A. Santos		
Street Address 199 Elmdale Avenue			Street Address 73 Wilna Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02904
Secretary Name Rafael A. Difo			Treasurer Name Rafael A. Difo		
Street Address 199 Elmdale Avenue			Street Address 199 Elmdale Avenue		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rafael A. Difo			Director Name John A. Santos		
Street Address 199 Elmdale Avenue			Street Address 73 Wilna Street		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02904
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$0.10 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.					
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 Rafael A. Difo				Date January , 2018	
Signature of Authorized Representative 				FILED SIGN DOCUMENT HERE JAN 09 2018 BY C 21576058	

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