



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS
 2018 JAN 18 PM 2:40

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 912413		2. Exact name of the Corporation CRUZ LOGISTICS INC			
3. Principal Office Address 120 Setian LN			City W. WARWICK	State RI	Zip 02893
4. NAICS Code 541614		6. Brief description of the character of business conducted in Rhode Island Long-Haul Transportation.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Francisco A. Cruz-Simenez			Vice-President Name		
Street Address 120 Setian LN			Street Address		
City W. WARWICK	State RI	Zip 02893	City	State	Zip
Secretary Name Francisco A. Cruz-Simenez			Treasurer Name		
Street Address 120 Setian LN			Street Address		
City W. WARWICK	State RI	Zip 02893	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Francisco A. Cruz-Simenez			Director Name		
Street Address 120 Setian LN			Street Address		
City W. WARWICK	State RI	Zip 02893	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
			1	CWP	0.0100
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 Francisco A. Cruz-Simenez				Date 1/18/18	
Signature of Authorized Representative 					

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

FILED
JAN 18 2018
 BY 21766094
2140
 FORM 630 - Revised: 08/2017