



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.

 RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2018 FEB - 1 PM 1:38

1. Entity ID Number <u>353932</u>		2. Exact name of the Corporation <u>Edin Vargas K & C Trucking, Inc.</u>												
3. Principal Office Address <u>89 Wisdom ave #2</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02908</u>									
4. NAICS Code <u>492210</u>		6. Brief description of the character of business conducted in Rhode Island <u>Transportation</u>												
5. State of Incorporation <u>RI</u>														
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>									
President Name <u>Edin A. Vargas.</u>			Vice-President Name											
Street Address <u>89 Wisdom ave #2</u>			Street Address											
City <u>Providence</u>	State <u>RI</u>	Zip <u>02908</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 <input type="checkbox"/>									
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												
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>												
Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td></td> <td><u>.01</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>0</u>		<u>.01</u>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
<u>0</u>		<u>.01</u>												
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>Lilian J. Lopez.</u>					Date <u>2.01.2018</u>									
Signature of Authorized Representative <u>Lilian Lopez.</u>														

SIGN DOCUMENT HERE

FILED

FEB 01 2018

 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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