



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

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

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 <b>353932</b>		2. Exact name of the Corporation <b>Edin Vargas K &amp; C Trucking, Inc.</b>							
3. Principal Office Address <b>89 Wisdom ave #2</b>				City <b>Providence</b>		State <b>RI</b>		Zip <b>02908</b>	
4. NAICS Code <b>492210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Transportation</b>							
5. State of Incorporation <b>RI</b>									
7. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>									
President Name <b>Edin A. Vargas.</b>				Vice-President Name					
Street Address <b>89 Wisdom ave #2</b>				Street Address					
City <b>Providence</b>		State <b>RI</b>		Zip <b>02908</b>		City		State Zip	
Secretary Name				Treasurer Name					
Street Address				Street Address					
City		State		Zip		City		State Zip	
8. List ALL directors (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>									
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 <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.				NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
				<b>0</b>				<b>.01</b>	
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. <b>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.</b>									
Name of Authorized Representative <b>Lilian J. Lopez.</b>							Date <b>2.01.2018</b>		
Signature of Authorized Representative <i>Lilian Lopez.</i>							SIGN DOCUMENT HERE <b>FEB 01 2018</b>		

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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