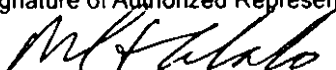


**Annual Report for the year: 2018**
Corporation

→ 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 541495		2. Exact name of the Corporation Calado Delivery Services, Inc.			
3. Principal Office Address 16 Kossuth Street		City Pawucket		State RI	Zip 02860
4. NAICS Code 492210		6. Brief description of the character of business conducted in Rhode Island PACKAGE 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 Manuel E. Calado			Vice-President Name		
Street Address 16 Kossuth Street			Street Address		
City Pawucket	State RI	Zip 02860	City	State	Zip
Secretary Name Manuel E. Calado			Treasurer Name Manuel E. Calado		
Street Address 16 Kossuth Street			Street Address 16 Kossuth Street		
City Pawucket	State RI	Zip 02860	City Pawucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Manuel E. Calado			Director Name		
Street Address 16 Kossuth Street			Street Address		
City Pawucket	State RI	Zip 02860	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. 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 MANUEL E. CALADO					Date 2/1/2018
Signature of Authorized Representative 					

FILED**FEB 09 2018**BY 11661