



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.

| | | | | | |
|---|--------------------|---|----------------------------------|---------------------------|--|
| 1. Entity ID Number 1677148 | | 2. Exact name of the Corporation GUS & ELY TRANSP, INC. | | | |
| 3. Principal Office Address 19 CLEMATIS STREET 2ND | | | City PROVIDENCE | State RI | Zip 02908 |
| 4. NAICS Code 484110 | | 6. Brief description of the character of business conducted in Rhode Island INTERSTATE GENERAL TRUCKING | | | |
| 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 GUSTAVO ADOLFO CIFUENTES | | | Vice-President Name | | |
| Street Address 19 CLEMATIS ST 2ND | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02908 | 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. Changes require an additional filing. | | Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES 1000 | CLASS/SERIES PAR VALUE | PAR VALUE 10.00 | |
| 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 GUSTAVO ADOLFO CIFUENTES | | | | Date 01/24/18 | |
| Signature of Authorized Representative <i>Elizabeth Cifuentes</i> | | | | | |

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

BY

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FORM 630 - Revised: 10/2017