



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 798049		2. Exact name of the Corporation ESTRADA AUTO TRANSPORT					
3. Principal Office Address 41 HUNTER AVE		City JOHNSTON		State RI	Zip 02919		
4. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island TRANSPORT CARS					
5. State of Incorporation RI							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name RUDY A. ESTRADA			Vice-President Name SONIA ESTRADA				
Street Address 41 HUNTER AVE			Street Address 41 HUNTER AVE				
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919		
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 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
			75	CNP	1.00		
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 RUDY ESTRADA					Date 02/27/18		
Signature of Authorized Representative					SIGN DOCUMENT HERE		

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

RV

FORM 630 - Revised: 10/2017