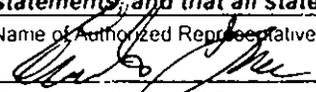


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 000798376		2. Exact name of the Corporation GARCIA'S TRANSPORTATION, INC.				
3. Principal Office Address 310 NEW LONDON AVENUE			City WEST WARWICK	State RI	Zip 02893	
4. NAICS Code 484120		6. Brief description of the character of business conducted in Rhode Island				
5. State of Incorporation RI		TRUCKING				
7. List ALL officers (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>	
President Name CIRILO GARCIA			Vice-President Name			
Street Address 310 NEW LONDON AVENUE			Street Address			
City WEST WARWICK	State RI	Zip 02893	City	State	Zip	
Secretary Name CIRILO GARCIA			Treasurer Name CIRILO GARCIA			
Street Address 310 NEW LONDON AVENUE			Street Address 310 NEW LONDON AVENUE			
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893	
8. List ALL directors (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>	
Director Name CIRILO GARCIA			Director Name			
Street Address 310 NEW LONDON AVENUE			Street Address			
City WEST WARWICK	State RI	Zip 02893	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		
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 					Date	
Signature of Authorized Representative CIRILO GARCIA						

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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