



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.

RECEIVED STATE  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 APR 18 PM 1:52

1. Entity ID Number <b>665643</b>		2. Exact name of the Corporation <b>CNM TRUCKING Inc</b>			
3. Principal Office Address <b>178 Washington, ST</b>			City <b>Central Falls</b>	State <b>R.I</b>	Zip <b>02863</b>
4. NAICS Code <b>485999</b>		6. Brief description of the character of business conducted in Rhode Island <b>TRUCKING</b>			
5. State of Incorporation <b>Rhode Island</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>Jorge Jimenez</b>			Vice-President Name <b>MARIA Jimenez</b>		
Street Address <b>178 Washington ST</b>			Street Address <b>178 Washington ST</b>		
City <b>Central Falls</b>	State <b>R.I</b>	Zip <b>02863</b>	City <b>Central Falls</b>	State <b>R.I</b>	Zip <b>02863</b>
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
			$\emptyset$	$\emptyset$	$\emptyset$
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 <b>Jorge Jimenez</b>				Date <b>4.18.18</b>	
Signature of Authorized Representative <i>[Signature]</i>				<b>FILED</b>	
SIGN DOCUMENT HERE <b>APR 18 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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