



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2019**
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 62411		2. Exact name of the Corporation General Truck Transportation & Sales, Inc.			
3. Principal Office Address 47 Nauset St.			City New Bedford	State MA	Zip 02746
4. NAICS Code 423110		6. Brief description of the character of business conducted in Rhode Island truck sales and deliveries			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Doreen Patys			Vice-President Name None		
Street Address 47 Nauset St.			Street Address		
City New Bedford	State MA	Zip 02746	City	State	Zip
Secretary Name Doreen Patys			Treasurer Name Doreen Patys		
Street Address 47 Nauset St.			Street Address 47 Nauset St.		
City New Bedford	State MA	Zip 02746	City New Bedford	State MA	Zip 02746
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Doreen Patys			Director Name None		
Street Address 47 Nauset St.			Street Address		
City New Bedford	State MA	Zip 02746	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 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 Doreen Patys					Date 1-29-19
Signature of Authorized Representative 					

SIGN DOCUMENT HERE

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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JAN 31 2019

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