



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

STAMP

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 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 02/04/19
Signature of Authorized Representative 					
SIGN DOCUMENT HERE					FILED

FEB 11 2019
BY 1054 QS