



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2019 FEB 14 AM 11:22
 STAMP
 FOR SECRETARY OF STATE
 OFFICE

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 001678135		2. Exact name of the Corporation L. Rodz Logistics Corp.			
3. Principal Office Address 78 RANNOKE ST.		City Providence	State RI	Zip 02908	
4. NAICS Code 541614	6. Brief description of the character of business conducted in Rhode Island Freight Broker - Authority to broker freight and Authority as a motor carrier. Shipping and freight consulting. Advertising.				
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 Luis M. Rodriguez			Vice-President Name Milagros Ortiz		
Street Address 78 RANNOKE ST.			Street Address 78 RANNOKE ST.		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
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		
			1000		
			STK		
			\$ 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 Luis M. Rodriguez					Date 02.14.19
Signature of Authorized Representative <i>Luis M. Rodriguez</i>					FILED

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

FEB 14 2019

BY RA3H4F