



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 107693		2. Exact name of the Corporation D'Allesandro Trucking, Inc.			
3. Principal Office Address 1375 Warwick Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 493190		6. Brief description of the character of business conducted in Rhode Island Trucking, hauling and leasing equipment, motor vehicles, trailers and machines for transfer, carriage or transportation of goods, passengers and personal property			
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 Eugene K. D'Allesandro Jr.			Vice-President Name		
Street Address 26 Greenhill Road			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Secretary Name Barbara A. D'Allesandro			Treasurer Name Barbara A. D'Allesandro		
Street Address 90 Peeptoad Road			Street Address 90 Peeptoad Road		
City North Scituate	State RI	Zip 02852	City North Scituate	State RI	Zip 02857
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Eugene K. D'Allesandro			Director Name Barbara A. D'Allesandro		
Street Address 26 Greenhill Road			Street Address 90 Peeptoad Road		
City Johnston	State RI	Zip 02919	City North Scituate	State RI	Zip 02852
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
		500		Common	No Par Value
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 Eugene K. D'Allesandro				Date 2/11/19	
Signature of Authorized Representative <i>Eugene K. D'Allesandro</i>				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

FILED
FEB 14 2019
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