

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Corporation

2019 MAR -4 AH 11: 49

→ Filing period: January 1 - March 1
 → Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

Entity ID Number 2. Exact name of the Corporation							
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000005333 Current Carrier Curp 3. Principal Office Address City State Zip							
D D D D			City) Care	Zip	
555 George We	Shington 14	WY_	Smith	Field	ISI	62917	
	Shington Huy SmithField RI 02917 6. Brief description of the character of business conducted in Rhode Island						
492210	To Engage in the provision of Courier, messenger and					striger and	
5. State of Incorporation	Delayed services						
RT	RI						
7. List ALL officers (names and addresses) Check the box to indicate an attachment						ficate an attachment 🔲	
President Name Stenker A. L. Lickt			Vice-President Name				
Stephen A. Wright Street Address			Street Address				
Po Box 6995 City Providence State Zip 02940							
Powisher (State	210 07540	City		State	Zip	
Secretary Name		100110	Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
						Ì	
8. List ALL directors (names and addresses) Check the box to indicate an attachment							
Director Name	Director Name						
Street Address	Street Address						
City	State	Zip	City		State	Zip	
Director Name			Director Name				
Street Address	Street Address						
Sheet Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized]	10. Shares Issued		Check the box to indicate an attachment			
This information is currently of record in the		NUMBER OF S		Check the box to indicate an attachment RES CLASS/SERIES PAR VALUE			
Department of State.		6313 1113		cwP + 0.1000		1 ~ 1 ~ 1 ~	
Changes require an additional filing.		100 000		_		4 071000	
		2000		PWP	!	9 0.1000	
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 Date							
Stephen wright 3/9/19							
Signature of Authorized Representative FILED							
two ox							
ALAD A A 2000							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAR 0 4 2019

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FORM 630 - Revised: 10/2017