

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

FILED

Annual Report for the year: 2019
 Corporation

MAR 19 2019

BY 1593 DS

- 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 000553328		2 Exact name of the Corporation CORTSAM INC.			
3 Principal Office Address 49 FLORENCE STREET			City FALL RIVER	State MA	Zip 02720
4 NAICS Code 484110		6 Brief description of the character of business conducted in Rhode Island PACKAGE DELIVERY			
5 State of Incorporation RI					
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name WAYNE BARBOZA			Vice-President Name		
Street Address 49 FLORENCE STREET			Street Address		
City FALL RIVER	State MA	Zip 02720	City	State	Zip
Secretary Name WAYNE BARBOZA			Treasurer Name WAYNE BARBOZA		
Street Address 49 FLORENCE STREET			Street Address 49 FLORENCE STREET		
City FALL RIVER	State MA	Zip 02720	City FALL RIVER	State MA	Zip 02720
8 List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name WAYNE BARBOZA			Director Name		
Street Address 49 FLORENCE STREET			Street Address		
City FALL RIVER	State MA	Zip 02720	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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1		COMMON	.010
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 <i>Wayne Barboza</i>					Date 3-14-19
Signature of Authorized Representative WAYNE BARBOZA					

MAIL TO:
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