RI SOS Filing Number: 201989394180 tate of Rhode Island and Providence Plantations

Date: 3/27/2019 4:00:00 PM

Department of State - Business Services Division

FILED

Annual Report for the year:	2019
Cornoration	

→ Fifing period: January 1 - March 1

→ Filing Fee: \$50.00

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

BY_	MAR 27 2019

Entity ID Number	2. Exact name	of the Corporation					
001665921	M.A. MARWELL TRUCKING INC.						
3. Principal Office Address			City		State	Zip	
1845 SMITH STREET		NORTH PROVID	DENCE	RI	02911		
4. NAICS Code	Brief description of the character of business conducted in Rhode Island						
926120	TRUCKING/U.S. MAIL						
5. State of Incorporation							
RHODE ISLAND							
7. List ALL officers (names and a	ddresses)			Check	the box to ind	icate an attachment	
President Name JEFFREY M. MARWELL			Vice-President Name				
Street Address 26 JOHN F. KENNEDY CIRCLE			Street Address				
City NORTH PROVIDENCE	State RI	^{Zip} 02904	City		State	Zıp	
Secretary Name S/A		Treasurer Name					
Street Address		Street Address					
City	State	Zıp	City		State	Zip	
8. List ALL directors (names and	addresses)	.	<u> </u>	Check	the box to inc	dicate an attachment	
Director Name N/A		Director Name N/A					
Street Address		Street Address					
City	State	Zıp	City		State	Zip	
Director Name		Director Name					
Street Address		Street Address					
City	State	Zip	City		State	Zıp	
9. Shares Authorized 10. Shares Issu			ued Check the box to indicate an attachment □				
This information is currently of rec	ord in the	NUMBER OF	SHARES	CLASS/SERIES		PAR VALUE	
Department of State.			+(0)				
Changes require an additional filin	ıg.		9	()			
11. This report must be executed					ration is in the	e 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							
EMMEY YY/ARWELL 3/8/19							
Signature of Authorized Represe	ntative / C	Maurie Maurie	'./.\		1	("/	
							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017