



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

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.

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SECRETARY OF STATE  
CORPORATION DIVISION

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|  |                    |   |   |                          |                     |
|--|--------------------|---|---|--------------------------|---------------------|
| 1. Entity ID Number<br><u>001672262</u>  |                    | 2. Exact name of the Corporation<br><u>Wilson Delivery INC.</u>   |   |                          |                     |
| 3. Principal Office Address<br><u>43 Parker St</u>   |                    |   | City<br><u>Central Falls</u>  | State<br><u>RI</u>       | Zip<br><u>02863</u> |
| 4. NAICS Code<br><u>484110</u>   |                    | 5. Brief description of the character of business conducted in Rhode Island<br><u>Transportation of General Freight</u> |   |                          |                     |
| 5. State of Incorporation<br><u>R.I.</u>   |                    |   |   |                          |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |   |   |                          |                     |
| President Name<br><u>Wilson Andria Garcia</u>  |                    |   | Vice-President Name   |                          |                     |
| Street Address<br><u>43 Parker St</u>  |                    |   | Street Address  |                          |                     |
| City<br><u>Central Falls</u>   | State<br><u>RI</u> | Zip<br><u>02863</u>   | City  | State                    | Zip                 |
| Secretary Name   |                    |   | Treasurer Name  |                          |                     |
| Street Address   |                    |   | Street Address  |                          |                     |
| City   | State              | Zip   | City  | State                    | Zip                 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |   |   |                          |                     |
| 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<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.   |                    |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                          |                     |
|  |                    |   | NUMBER OF SHARES<br><u>0</u>  | CLASS/SERIES             | 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.<br><b>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.</b> |                    |   |   |                          |                     |
| Name of Authorized Representative<br><u>Wilson Andria Garcia</u>   |                    |   |   | Date<br><u>8/13/2019</u> |                     |
| Signature of Authorized Representative<br><u>Wilson Andria Garcia</u>  |                    |   |   |                          |                     |

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