RI SOS Filing Number: 201928938860 Date: 12/2/2019 4:00:00 PM

State of Rhode Island a Department of S			ivision :	PRIJETVED ORETARY OF	STATE	· · · · · · · · · · · · · · · · · · ·		
Annual Report for the y	ear:	70070	C	ORPORATIONS	E DIV			
Corporation 2019 DEC -2 AM 10: 37								
→ Filing period: January 1 -→ Filing Fee: \$50.00								
→ Penalty: Additional \$25.00	fee if form is no	t filed by April 1.						
1. Entity ID Number	2. Exact name	e of the Corporation						
3. Principal Office Address	FI	FIES. Trans INC						
48 TIFFANY	ST			loence	State	02914		
4. NAICS Code 4. V8 4 1 1 0 5. State of Incorporation	6. Brief description of the character of business conducted in Rhode Island OVER THE 12040 TRUCKING							
7. List ALL officers (names and a	ddresses)			Check	the box to indic	ate an attachment		
FIANC DI	President Name				Vice-President Name			
Street Address 1	48 TIFFONY SS			Street Address				
City N. Providence	State	D-2964	City	··· <u>-</u> -	State	Zip		
Secretary Name			Treasurer Name					
Street Address	Street Address							
City	State	Zip	City		State	Zip		
8. List ALL directors (names and	addresses)			Check	the box to indi	cate an attachment		
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		10. Shares Issu	ied .	Chec	the box to indi	cate an attachment		
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF	NUMBER OF SHARES CL			PAR VALUE		
		0				1,00		
11. This report must be execute trustee, this report must be executed.	d on behalf of the	corporation by an a	uthorized repres	entative. If the corp	oration is in the	hands of a receiver o		
Under penalty of perjury, I de statements, and that all state	clare and affirm	that I have examine	ed this report in	ustee ncluding any acco	mpanying sch	edules and		
Name of Authorized Representa	Date / 2 2 1C							
Signature of Authorized Repres	entative	<u></u>	<u> </u>	FD		<u> </u>		
	\Longrightarrow		DEC 0	2 2019				
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rt	node Island 02904-	2615	3 v	1FBZ9	\			
Phone: (401) 222-3040 Website: www.sos.ri.gov		· -	, •		FO	RM 830 - Revised: 10/25		