



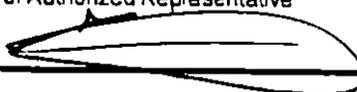
State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2020
 Corporation

2019 DEC -2 AM 10: 37

- 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 <u>1693624</u>		2. Exact name of the Corporation <u>FIES. TRANS INC</u>			
3. Principal Office Address <u>48 TIFFANY ST</u>			City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02904</u>
4. NAICS Code <u>484110</u>		6. Brief description of the character of business conducted in Rhode Island <u>OVER THE ROAD TRUCKING</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>FRANK DINIS</u>			Vice-President Name		
Street Address <u>48 TIFFANY ST</u>			Street Address		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02904</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) Check the box to indicate an attachment <input type="checkbox"/>					
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 Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			<u>0</u>		<u>1.00</u>
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 <u>FRANK DINIS</u>				Date <u>12-2-19</u>	
Signature of Authorized Representative 					

FILED

DEC 02 2019

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