



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

Annual Report for the year: 2020
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2019 DEC 17 AM 11:32

| | | | | | |
|--|--------------------|--|---|-------------------------|--|
| 1. Entity ID Number 665643 | | 2. Exact name of the Corporation CNM Trucking Inc | | | |
| 3. Principal Office Address 178 Washington St | | | City Central Falls | State RI | Zip 02863 |
| 4. NAICS Code 485999 | | 6. Brief description of the character of business conducted in Rhode Island Trucking | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) | | | | | Check the box to indicate an attachment <input type="checkbox"/> |
| President Name Jorge Jimenez | | | Vice-President Name Maria Jimenez | | |
| Street Address 178 Washington St. | | | Street Address 178 Washington St. | | |
| City Central Falls | State RI | Zip 02863 | City Central Falls | State RI | Zip 02863 |
| 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 | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | Check the box to indicate an attachment <input type="checkbox"/> | | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | |
| | | 0 | 0 | 0 | |
| 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 Jorge Jimenez | | | | Date 12-17-18 | |
| Signature of Authorized Representative <i>Jorge Jimenez</i> | | | | | |

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

DEC 17 2019
 FILED
 0 R573

11:34
 FORM 630 - Revised: 02/2017