



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

2019 DEC 18 PM 12:43
 SECRETARY OF STATE
 CORPORATIONS 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.

1. Entity ID Number 001688852		2. Exact name of the Corporation Apex Logistics Inc	
3. Principal Office Address 14 Carl ave		City N Providence	State RI
		Zip 02904	
4. NAICS Code 485999	6. Brief description of the character of business conducted in Rhode Island Trucking and Transportation Company		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Henry Mota Jr.		Vice-President Name	
Street Address 14 Carl ave		Street Address	
City N Providence	State RI	Zip 02904	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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	
Director Name		Director Name	
Street Address		Street Address	
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
		0.0	STK
		PAR VALUE	0.0100
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 Henry Mota Jr.		Date 12/18/19	
Signature of Authorized Representative 		FILED	

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

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 BY HL8Y1AX FORM 630 - Revised: 02/2017