

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

FILED

MAR 13 2020

BY

1421 DS

1. Entity ID Number 001339108		2. Exact name of the Corporation MIA SAMANTHA TRUCKING INC						
3. Principal Office Address 23 ARLINGTON AVENUE			City CRANSTON	State RI	Zip 02920			
4. NAICS Code 484120		6. Brief description of the character of business conducted in Rhode Island TRUCKING						
5. State of Incorporation RI								
7. List ALL officers (names and addresses)					Check the box to indicate an attachment: <input checked="" type="checkbox"/> X			
President Name ALBERTO ALVARADO			Vice-President Name STMT					
Street Address 23 ARLINGTON AVE			Street Address					
City CRANSTON	State RI	Zip 02920	City	State	Zip			
Secretary Name ALBERTO ALVARADO			Treasurer Name ALBERTO ALVARADO					
Street Address 23 ARLINGTON AVE			Street Address 23 ARLINGTON AVE					
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920			
8. List ALL directors (names and addresses)					Check the box to indicate an attachment: <input type="checkbox"/>			
Director Name ALBERTO ALVARADO			Director Name					
Street Address 23 ARLINGTON AVE			Street Address					
City CRANSTON	State RI	Zip 02920	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"/>					
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>0</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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100	COMMON	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 ALBERTO M. ALVARADO					Date 3-10-2020			
Signature of Authorized Representative ALBERTO M. ALVARADO								

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