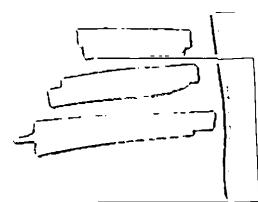
61627 03%772026 2 48 PM

## State of Rhode Island and Providence Plantations

Annual Report fo the year:	2020
Corporation	2020

- → Filing period January 1 March 1
- → Filing Fee \$50 00
- → Penalty Additional \$25 00 fee if form is not filed by April }.



1 Entity ID Number	2. Exact nar	2. Exact name of the Corporation								
001677403	MARAG:	MARAGLIANO TRUCKING, INC.								
Principal Office Address				City			State	Zip '		
207 LAKE STRE	EΊ	<u>-</u> -			NEWBURGH			12550		
4 NAICS Code	6 Brief desi	cription o	f the character of bu	isiness conduc	cted in Rhode Island					
484120										
5 State of Incorporation										
NY	FREIG	HT TE	RUCKING							
7. List ALL officers (names	and addresses)	_			Ch	eck the box	to indica	ite an attachment 🧸		
President Name				Vice-President Name						
JOHN J. MARAG	<u>LIANO, II</u>	IANO, III								
Street Address				Street Add	ress					
207 DAKE STRE		- 1-				State				
City  Nipigipi in City	State	Zıp		City	City			Zıp		
NEWBURGE Secretary Name	NY		.2550	Treasurer	Name	l				
Secretary Ivame				reasulei	Name					
Street Address			Street Address							
City	State	Zıp	)	City		State		Zıp		
B List ALL directors (names	and addresses)			<u> </u>		lack the bea		no se strochesor		
Director Name	s and addresses)			Director N		ieck the box	K to muica	ate an attachment		
JOHN J. MARAG	T.TANO. 11	ī		Director iv	ume					
Street Address				Street Add	Iress			·		
207 LAKE STRE	ET									
City	State	Zıp	)	City		State		Zıp		
NEWBURGH	NY		2550							
Director Name				Director Name						
Street Address			Street Address							
City -	State	Zıp	<u> </u>	City	<del>.</del>	State				
V.,	1	- "	•	0.1,		Cibic	-	<b>-</b> .p		
9 Shares Authorized	<b>I</b>		10 Shares Issued		Ch	neck the box	x to indica	ate an attachment		
		NUMBER OF				PAR VALUE				
		200		СОММОИ			0			
Changes require an additi	onal filing.									
11 This report must be exec	cuted on behalf of t	he corpo	ration by an authoriz	red representa	ative. If the corporation	n is in the ha	ands of a	receiver or		
trustee, this report must be										
Under penalty of perjur statements, and that all	•			•		accompa	anying s	schedules and ,		
Name of Authorized Repres	entative	<u>-</u>				C	ات Date	3/10/20		
Signature of Authorized Ref	resentative				FILED	<u></u>		/ / ·		
JOHN J. MAKK	ELIANO, II	. 1			- 1782257					

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www sos ri gov MAR 3 0 2020 KM

BY 5448