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R.I. DEPT. OF STATE
BUS SVCS DIVState of Rhode Island and Providence Plantations
Department of State - Business Services Division

2020 MAY 28 A 8 54

Annual Report for the year: **2019**
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: 1668446		2. Exact name of the Corporation CVA DELIVERY INC			
3. Principal Office Address 200 ADMIRAL STREET FL 2			City PROVIDENCE	State RI	Zip 02908
4. NAICS Code 484110	6. Brief description of the character of business conducted in Rhode Island FURNITURE DELIVERYING				
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 CARLOS MOREIRA			Vice-President Name N/A		
Street Address 200 ADMIRAL STREET FL 2			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
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 N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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		
			0.01		
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					Date 5/27/2020
Signature of Authorized Representative <i>Carlos Moreira</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

FILED

MAY 28 2020

BY

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FORM 630 - Revised: 10/2017