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R.I. DEPT. OF STATE  
BUS SVCS DIV

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2020 MAY 28 A 8:54

Annual Report for the year: **2017**  
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:<br><b>1-6668446</b>   |  | 2. Exact name of the Corporation:<br><b>CVA DELIVERY INC</b>  |                                    |                     |                      |
| 3. Principal Office Address:<br><b>200 ADMIRAL STREET FL 2</b>   |  |   | City:<br><b>PROVIDENCE</b>         | State:<br><b>RI</b> | Zip:<br><b>02908</b> |
| 4. NAICS Code:<br><b>484110</b>  | 6. Brief description of the character of business conducted in Rhode Island:<br><b>FURNITURE DELIVERYING</b> |   |                                    |                     |                      |
| 5. State of Incorporation:<br><b>RHODE ISLAND</b>  |  |   |                                    |                     |                      |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |  |   |                                    |                     |                      |
| President Name:<br><b>CARLOS MOREIRA</b>   |  |   | Vice-President Name:<br><b>N/A</b> |                     |                      |
| Street Address:<br><b>200 ADMIRAL STREET FL 2</b>  |  |   | Street Address:                    |                     |                      |
| City:<br><b>PROVIDENCE</b>   | State:<br><b>RI</b>  | Zip:<br><b>02908</b>  | City:                              | State:              | Zip:                 |
| Secretary Name:<br><b>N/A</b>  |  |   | Treasurer Name:<br><b>N/A</b>      |                     |                      |
| Street Address:  |  |   | Street Address:                    |                     |                      |
| City:  | State:   | Zip:  | City:                              | State:              | Zip:                 |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |  |   |                                    |                     |                      |
| Director Name:<br><b>N/A</b>   |  |   | Director Name:<br><b>N/A</b>       |                     |                      |
| Street Address:  |  |   | Street Address:                    |                     |                      |
| City:  | State:   | Zip:  | City:                              | State:              | Zip:                 |
| Director Name:<br><b>N/A</b>   |  |   | Director Name:<br><b>N/A</b>       |                     |                      |
| Street Address:  |  |   | Street Address:                    |                     |                      |
| City:  | State:   | Zip:  | City:                              | State:              | Zip:                 |
| 9. Shares Authorized:<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.  |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                                    |                     |                      |
|  |  | NUMBER OF SHARES  |                                    | CLASS/SERIES        |                      |
|  |  | <b>150</b>  |                                    | <b>10.01</b>        |                      |
|  |  |   |                                    |                     |                      |
| 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.<br><b>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.</b> |  |   |                                    |                     |                      |
| Name of Authorized Representative  |  |   |                                    |                     | Date                 |
| Signature of Authorized Representative:<br><i>Carlos Moreira</i>   |  |   |                                    |                     |                      |

FILED 5-27-2020

MAY 28 2020

BY **44KHA**  
**A.A. 8:55 A.M.**

FORM 530 - Revised: 10/2017