



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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BUS SVCS DIV

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: 1-6668446		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 ☐					
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 ☐					
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: This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐			
		NUMBER OF SHARES 150		CLASS/SERIES C	PAR VALUE 10.01
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
Signature of Authorized Representative: <i>Carlos Moreira</i>					FILED MAY 28 2020 BY 44KHA A.A. 8:55 A.M.

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2515

Phone: (401) 272-3040

Website: www.sos.ri.gov

FORM 530 - Revised: 10/2017