

State of Rhode Island and Providence Plantations Department of State - Business Services Division

FILED

Annual Report for the year: 2020 Corporation

SEP 3 0 2020

→ Filing period: January 1 - March 1

Phone: (401) 222-3040

→ Filing Fee: \$50.00
→ Panalty: Additional \$25.00 fee if form is not filed by Angl 1

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BY 1366)

1. Entity ID Number		ne of the Corporat					
101697		Trucking		_			
3. Principal Office Address				.c.	181		
19 Tertzgile Street			City Johnston	1	State RI	Zip 02919	
4. NAICS Code	6. Brief desc	ription of the char	cter of business	conducted in Rhode	Island		
428360	The genera	The general transportation of commodities in bulk and the transportation of commodities to					
5. State of Incorporation	various de	various destinations.					
Rhode Island						•	
7. List ALL officers (names en	d addresses)			Chac	k the box to l	ndicate an attachment I	
President Name Jasse K. Tertaglia			Vice-President Name Jesse K. Tertægliz				
Street Address 18 Tarkaglia Street			Street Addre	Street Address			
City Johnston	State Ri	^{Zip} 02919	City		State	Zip	
Secretary Name Jesse K. Tarts	eglia		Treasurer N	Treasurer Name Jesse K. Tertaglia			
Street Address Same				Street Address Same			
City	State	Zip	City		State	Zip	
8. List ALL directors (names a	nd addresses)			Chec	k the box to	ndicate an attachment [
Director Name Jasse K. Terter	gila		Director Nar	ne			
Street Address Same	· · · · · · · · · · · · · · · · · · ·	·	Street Addre	\$8	 .	· · · · · · · · · · · · · · · · · · ·	
City	State	Zip	City	·	State	Zlp	
Director Name			Director Nan	16		l	
Street Address		·	Street Addre	\$\$			
City	State	Zip	City	···	State	Zip	
9. Shares Authorized		10. Shares Is	sued	Check	the hoy to it	ndicate an attachment F	
his Information is currently of record in the epartment of State.		MUMBER (NUMBER OF SHARES CLASS/SERIES		the box to indicate an attachment PAR VALUE		
Changes require an additional filling.		800		Common		NO PAR	
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Vnder peneky of perjury, i di	eciarə end effirm t	hat i have exemi	ed this recort.	including any acco	mpenying so	hedules and	
Markements, end thet ell state Name of Authorized Represent	aments conteined tative	<u>herein era truo c</u>	nd correct.		Date	· · · · · · · · · · · · · · · · · · ·	
Jesse K. Tartægliz					9	-25-20	
Signature of Authorized Repre-	sentative A_ /			· · · · · · · · · · · · · · · · · · ·			
Jon K	Ten Lay 10	SIGN DO	CUMENT HER	E			
AAIV (ic. bylo:on of Business Services 48 W. River Street, Providence, R							