RI SOS Filing Number: 202062454720 Date: 10/6/2020 2:38:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2020 SEP 28 AM 9:15

1. Entity ID Number	2. Exact name of the Corporation		
001337722	NORTHEAST FREIGHT CORP		
3. Principal Office Address	City	State	Zip
51 WALLER ST	PROVIDENCE	RI	02908
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
484121	LONG DISTANCE FREIGHT DELIVERY, TRUCKING		
5. State of Incorporation			
RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name NELSON G VELASQUEZ			Vice-President Name NELSON G VELASQUEZ		
Street Address 51 WALLER ST			Street Address 51 WALLER ST		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
Secretary Name NELSON G VELASQUEZ			Treasurer Name NELSON G VELASQUEZ		
Street Address 51 WALLER ST			Street Address 51 WALLER ST		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name NELSON G VELASQUEZ			Director Name		
Street Address 51 WALLER ST			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

2020 OCT 6 PM 2:23 SECRETARY OF STATE

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	PNP	0.0000

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
NELSON G VELASQUEZ	10-5-2020

Signature of Authorized Representative: Nelson Velasquez

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

OCT 0 6 2020
HEMZP
A.A. 2:38 p.m.

FORM 630 - Revised: 08/2020