RI SOS Filing Number: 202062465870 Date: 10/6/2020 2:35:00 PM

State of Rhode Island

Department of State - Business Services Division

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.

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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

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9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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
OCT 06 2020
BY: HEMP
A.A. - 2:35 P.M.

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

FORM 630 - Revised: 08/2020