



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

FILED

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- 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 001690851		2. Exact name of the Corporation PANGEA LOGISTICS LLC			
3. Principal Office Address PO Box 507			City ALBION	State RI	Zip 02802
4. NAICS Code <i>4024110</i>		6. Brief description of the character of business conducted in Rhode Island LONG DISTANCE TRUCKING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CARLOS SOLANO			Vice-President Name CARLOS SOLANO		
Street Address PO Box 507			Street Address PO Box 507		
City ALBION	State RI	Zip 02802	City ALBION	State RI	Zip 02802
Secretary Name CARLOS SOLANO			Treasurer Name CARLOS SOLANO		
Street Address PO Box 507			Street Address PO Box 507		
City ALBION	State RI	Zip 02802	City ALBION	State RI	Zip 02802
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		500		common	
				No Par	
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. <i>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.</i>					
Name of Authorized Representative CARLOS SOLANO				Date 09/18/2020	
Signature of Authorized Representative <i>[Handwritten Signature]</i>					