



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.

FILED

OCT 20 2020

BY

1294916
ea

1. Entity ID Number 001700019		2. Exact name of the Corporation PYRAMID TRANSPORT INC.	
3. Principal Office Address 18119 SUSSEX HIGHWAY UNIT*2		City BRIDGEVILLE	State DE
		Zip 19933	
4. NAICS Code 493120	6. Brief description of the character of business conducted in Rhode Island PUBLIC WAREHOUSE & COLD STORAGE		
5. State of Incorporation DE	Located at: 2700 PLAINFIELD PIKE CRANSTON, R.I. 02921		
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name JAMES MITCHELLS CEO		Vice-President Name JAY G. BALBACK COO	
Street Address 21984 Westwoods Rd		Street Address 21984 Westwoods Rd	
City Millsboro DE		City Millsboro DE	
State DE		State DE	
Zip 19966		Zip 19966	
Secretary Name		Treasurer Name JESSE SAVAGE CFO	
Street Address		Street Address 21984 Westwoods Rd	
City Millsboro		City Millsboro	
State DE		State DE	
Zip 19966		Zip 19966	
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		City	
State		State	
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City		City	
State		State	
Zip		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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		1,000	
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 JAY G. BALBACK		Date 10/13/20	
Signature of Authorized Representative 			

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