



State of Rhode Island

Department of State - Business Services Division

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R.I. DEPT. OF
BUS SVCS
2020 OCT 28

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.

1. Entity ID Number 000163626		2. Exact name of the Corporation RIVERA-G TRUCKING, INC.												
3. Principal Office Address 60 HERBERT STREET			City PROVIDENCE	State RI	Zip 02909									
4. NAICS Code 484230		6. Brief description of the character of business conducted in Rhode Island TRANSPORTATION												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name WALTER G GONZALEZ			Vice-President Name SAME											
Street Address 60 HERBERT STREET			Street Address											
City PROVIDENCE	State RI	Zip 02909	City	State	Zip									
Secretary Name SAME			Treasurer Name SAME											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name SAME			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 ☐												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>COMMON</td> <td>NPV</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	COMMON	NPV			
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1000	COMMON	NPV												
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 WALTER G GONZALEZ				Date 10-28-2020										
Signature of Authorized Representative 				OCT 28 2020										

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

BY Ch. QUILF
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