



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIVAnnual Report for the year:  
Corporation

2020

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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 001672262		2. Exact name of the Corporation Wilson Delivery Inc.			
3. Principal Office Address 43 Parker St			City Central Falls	State RI	Zip 02863
4. NAICS Code 484110		6. Brief description of the character of business conducted in Rhode Island Transportation of General Freight			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Wilson Anchia Garcia			Vice-President Name		
Street Address 43 Parker St			Street Address		
City Central Falls	State RI	Zip 02863	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES 0	CLASS/SERIES	PAR VALUE
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 Wilson Anchia Garcia				Date 10-29-20	
Signature of Authorized Representative Wilson Anchia Garcia				SIGN DOCUMENT HERE	

## 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 29 2020

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FORM 630 - Revised: 02/2017