



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

Annual Report for the year: 2020  
Corporation

2020 OCT 29 A 11:51

STAMP

- 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 <u>001672262</u>		2. Exact name of the Corporation <u>Wilson Delivery Inc.</u>			
3. Principal Office Address <u>43 Parker St</u>			City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>
4. NAICS Code <u>484110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Transportation of General Freight</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Wilson Anchia Garcia</u>			Vice-President Name		
Street Address <u>43 Parker St</u>			Street Address		
City <u>Central Falls</u>	State <u>RI</u>	Zip <u>02863</u>	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 <u>0</u>	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 <u>Wilson Anchia Garcia</u>					Date <u>10-29-20</u>
Signature of Authorized Representative <u>Wilson Anchia Garcia</u>					
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

FILED  
OCT 29 2020  
BY CH H/H7B  
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FORM 630 - Revised: 02/2017