



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE
 BUS. SERVICES
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1. Entity ID Number <u>001678289</u>		2. Exact name of the Corporation <u>Shalom Transportation Inc.</u>	
3. Principal Office Address <u>39 1/2 Lincoln Ave</u>		City <u>Cranston</u>	State <u>RI</u>
4. NAICS Code <u>421300</u>		6. Brief description of the character of business conducted in Rhode Island <u>Trucking Company</u> <u>Interstate trucking</u>	
5. State of Incorporation <u>RI</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Bony A. Paz</u>		Vice-President Name <u>Heidy C. Paz</u>	
Street Address <u>39 1/2 Lincoln Ave</u>		Street Address <u>39 1/2 Lincoln Ave</u>	
City <u>Cranston</u>	State <u>RI</u>	City <u>Cranston</u>	State <u>RI</u>
Zip <u>02920</u>		Zip <u>02920</u>	
Secretary Name <u>none</u>		Treasurer Name <u>none</u>	
Street Address <u>none</u>		Street Address <u>none</u>	
City <u>none</u>	State <u>none</u>	City <u>none</u>	State <u>none</u>
Zip <u>none</u>		Zip <u>none</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name <u>none</u>		Director Name <u>none</u>	
Street Address <u>none</u>		Street Address <u>none</u>	
City <u>none</u>	State <u>none</u>	City <u>none</u>	State <u>none</u>
Zip <u>none</u>		Zip <u>none</u>	
Director Name <u>none</u>		Director Name <u>none</u>	
Street Address <u>none</u>		Street Address <u>none</u>	
City <u>none</u>	State <u>none</u>	City <u>none</u>	State <u>none</u>
Zip <u>none</u>		Zip <u>none</u>	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment ☐	
		NUMBER OF SHARES <u>75</u>	CLASS/SERIES <u>CNP</u>
			PAR VALUE <u>\$0.01</u>
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>Heidy C. Paz</u>		Date <u>1/12/21</u>	
Signature of Authorized Representative <u>(Signature)</u>		FILED	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

JAN 13 2021

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