



State of Rhode Island
Department of State - Business Services Division

FILED

JAN 12 2021
 BY 298
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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.

1. Entity ID Number <u>01107050</u>		2. Exact name of the Corporation <u>No Limit Trucking</u>			
3. Principal Office Address <u>23 Louise Luther drive</u>		City <u>Cumberland</u>		State <u>RI</u>	Zip <u>02864</u>
4. NAICS Code <u>484200</u>		6. Brief description of the character of business conducted in Rhode Island <u>haul propane</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Timothy Gosselin</u>			Vice-President Name		
Street Address <u>23 Louise Luther Dr</u>			Street Address		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip
Secretary Name <u>Chelsea Gosselin</u>			Treasurer Name		
Street Address <u>23 Louise Luther dr</u>			Street Address		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City	State	Zip
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	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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			<u>1,000</u>	<u>Common</u>	<u>no par</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>Timothy Gosselin</u>				Date <u>1/8/21</u>	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov