



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year:** 2020  
**Corporation** \_\_\_\_\_

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 JAN 21 P 2:54

1. Entity ID Number 001060088		2. Exact name of the Corporation CAMILLE TRUCKING INC	
3. Principal Office Address 8 QUEEN ST		City PROVIDENCE	State RI
		Zip 02909	
4. NAICS Code 484110	6. Brief description of the character of business conducted in Rhode Island GENERAL FREIGHT TRUCKING LONG DISTANCE		
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 NEWMAN SANTOS		Vice-President Name NEWMAN SANTOS	
Street Address 8 QUEEN ST		Street Address 8 QUEEN ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Secretary Name NEWMAN SANTOS		Treasurer Name NEWMAN SANTOS	
Street Address 8 QUEEN ST		Street Address 8 QUEEN ST	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
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	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		1000	COMMON
		PAR VALUE	NO PAR
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.			
<b>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.</b>			
Name of Authorized Representative NEWMAN SANTOS			Date 01/21/2021
Signature of Authorized Representative X			

FILED

JAN 21 2021

BY CR WY 8VN

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