



State of Rhode Island
Department of State - Business Services Division

Stamp

Annual Report for the year: 2019
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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NEWMAN SANTOS			Vice-President Name NEWMAN SANTOS		
Street Address 8 QUEEN ST			Street Address 8 QUEEN ST		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
Secretary Name NEWMAN SANTOS			Treasurer Name NEWMAN SANTOS		
Street Address 8 QUEEN ST			Street Address 8 QUEEN ST		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
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	PAR VALUE
		1000		COMMON	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. 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 NEWMAN SANTOS				Date 01/21/2021	
Signature of Authorized Representative X <i>Neuman Santos</i>				FILED <i>✓</i>	

JAN 21 2021

BY *WY8VN*
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MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov