RI SOS Filing	Number: 202	190136600	Date: 2/4/	2021 4:00:00 PM			
State of Rhode Island Department of State	te - Business	Services Di	vision	,	FILED		
Annual Report for the yea	ır: oo	0.1		H		1_	
Corporation Solution the year:			FEB 0 4-2021				
→ Filing period: January 1 - March 1							
→ Filing Fee: \$50.00		BY	$\mathcal{A}\mathcal{A}\mathcal{A}$	\mathcal{V}			
→ Penalty: Additional \$25.00 fe							
Entity ID Number	2. Exact name of the Corporation						
93682	J. G TP	luckin	G 1	ne			
3. Principal Office Address			City	4	State	Zip	
314 Magnolia ST				iston	RI	02910	
4. NAICS Code				onducted in Rhode Isla			
484110	FLat	bed F	reight	Hauli	na		
5. State of Incorporation			3	_	J		
RI							
7. List ALL officers (names and add	resses)				e box to indica	ate an attachment 🔲	
President Name			Vice-President Name Haria F Gomes				
Street Address	JOSE M GOMES			Street Address			
314 Magnolia	ST		314 Magnolia ST				
eranston_	State P. I	2ip 02910	City Cran	ton	State R I	Zip 02910	
Secretary Name	<u> </u>	100110	Treasurer Nam	e		1 00,1,0	
JOSE N. Gomes			JOSE M. Gomes				
Street Address Same address			Street Address Same address				
City	State	Zip	City	30X V. (C	State	Zip	
							
B. List ALL directors (names and ad Director Name	dresses)		Director Name	Check ti	e box to maic	ate an attachment	
Jose H. Go							
				Street Address			
Same City	State	Zip	City		State	Zip	
		J <u>.</u>			L		
Director Namo			Director Name				
Street Address			Street Address				
		.					
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Issue	d	Check th	e box to indic	ate an attachment 🗆	
This information is currently of recor	र्व कि क्षित्र	NUNUHER OF SE	EARE'S	CLASS/SFRE'S		PATE VALUE	
Department of State.		I = I(XC)		com m	on	NO par	
Changes require an additional filing.						(
11. This report must be executed or	hehalf of the cor	poration by an aut	horized repres	entative. If the corpora	tion is in the b	ands of a receiver or	
trustee, this report must be execute	d on behalf of the	corporation by the	e receiver or tr	usteo.			
Under penalty of perjury, I dealer				iclusting any accomp	arring school	inios and	
statements, and that all statements contained hereIn are true and con Name of Authorized Representative				Date			
		• •			1-2	19-21	
JOSE M. Signature of Authorized Representa	ative	<u></u>			L'	7 0 1	
Pari N	/						
	Journ			and the second s			

MAIL TO: Division of Eusiness Services
148 W. River Street, Providence, Rhode Island 02904-2615
Pitene: (401) 222-3040

Vishada: www.sos.n.gov

FORM 630 - Revised: 08/2020