RI SOS Filing Number: 202190767840 Date: 2/10/2021 4:00:00 PM

ALISSON 02/02/2021 6:25 PM

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.

1. Entity ID Number	2. Exact name of the Corporation			
001663350	ALISSON TRUCKING, INC.			
3. Principal Office Address		City	State	Zip
197 CHAPIN AVE		PROVIDENCE	RI	02909
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
484120				
5. State of Incorporation				
RI	TRUCKING			

7. List ALL officers (names and addresses)			Check the box to indicate an attachment X		
President Name			Vice-President Name		STMT
PEDRO DAVILA					
Street Address			Street Address		
111 PUMGANSETT ST					
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02908			
Secretary Name			Treasurer Name		
PEDRO DAVILA			PEDRO DAVILA		
Street Address			Street Address		
111 PUMGANSETT ST			111 PUMGANSETT ST		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02908	PROVIDENCE	RI	02908

8. List ALL directors (names and addresses)			Check the box to indicate an attachment		
Director Name			Director Name		
PEDRO DAVILA					
Street Address			Street Address		
111 PUMGANSETT ST					
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02908			
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	
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
Changes require an additional filing.	100	CNP	0	

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	Date
Signature of Authorized Representative: PEDRO DAVILA	

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FEB 10 2021

EV 1339

FORM 630 - Revised: 08/2020