

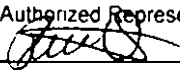
State of Rhode Island
 Department of State - Business Services Division

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 001663350		2. Exact name of the Corporation ALISSON TRUCKING, INC.			
3. Principal Office Address 197 CHAPIN AVE			City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 484120		6. Brief description of the character of business conducted in Rhode Island TRUCKING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name PEDRO DAVILA			Vice-President Name STMT		
Street Address 111 PUMGANSETT ST			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Secretary Name PEDRO DAVILA			Treasurer Name PEDRO DAVILA		
Street Address 111 PUMGANSETT ST			Street Address 111 PUMGANSETT ST		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name PEDRO DAVILA			Director Name		
Street Address 111 PUMGANSETT ST			Street Address		
City PROVIDENCE	State RI	Zip 02908	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			D		
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					 KM

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

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