



State of Rhode Island

Department of State - Business Services Division

STAMP

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

1. Entity ID Number 001693867		2. Exact name of the Corporation KENDRA'S TRUCKING INC		2021 FEB 11 A 9:40	
3. Principal Office Address 45 SIMMONS ST., 1ST FL			City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 484121	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 <input type="checkbox"/>					
President Name WILLIAM A VELASQUEZ			Vice-President Name		
Street Address 45 SIMMONS ST., 1ST FL			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
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 WILLIAM A VELASQUEZ				Date 2/10/21	
Signature of Authorized Representative <i>William Velasquez</i>					

FILED ^m

FEB 11 2021

BY *Ch* 6KS48

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