



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
 Corporation

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 FEB 12 P 1:40

1. Entity ID Number <u>002662386</u>		2. Exact name of the Corporation <u>H3A TRANSPORTATION INC</u>	
3. Principal Office Address <u>222 Wallace ST</u>		City <u>PROVIDENCE</u>	State <u>RI</u>
		Zip <u>02909</u>	
4. NAICS Code <u>488490</u>	6. Brief description of the character of business conducted in Rhode Island <u>HOME APPLIANCES DELIVERED</u>		
5. State of Incorporation <u>RT</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>HENRY ALVAREZ</u>		Vice-President Name <u>SOME</u>	
Street Address <u>222 Wallace ST</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02909</u>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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	
Director Name		Director Name	
Street Address		Street Address	
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 <u>0</u>	CLASS/STRIKES
			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 <u>HENRY ALVAREZ</u>		Date <u>2/12/2021</u>	
Signature of Authorized Representative 		FILED	

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