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State of Rhode Island
Department of State - Business Services Division

FILED
FEB 23 2021
BY

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			
86277	T.C.L., Inc.			
3. Principal Office Address		City	State	Zip
2032 Plainfield Pike		Cranston	RI	02921
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
484121	The transportation of goods, wares and merchandise, including perishables, excluding household goods.			
5. State of Incorporation				
RHODE ISLAND				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: David N. Goldman			Vice-President Name: Sidney I. Goldman		
Street Address: 2032 Plainfield Pike			Street Address: 2032 Plainfield Pike		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921
Secretary Name: Stephanie J. Goldman			Treasurer Name: David N. Goldman		
Street Address: 2032 Plainfield Pike			Street Address: 2032 Plainfield Pike		
City: Cranston	State: RI	Zip: 02921	City: Cranston	State: RI	Zip: 02921

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: David N. Goldman			Director Name		
Street Address: 2032 Plainfield Pike			Street Address		
City: Cranston	State: RI	Zip: 02921	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	

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
David N. Goldman, President	1/27/21

Signature of Authorized Representative: David N. Goldman

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

FORM 630 - Revised: 08/2020