



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

1. Entity ID Number <u>1691541</u>		2. Exact name of the Corporation <u>MFG SHIPPING INC</u>		2021 MAR 12 A 9:16	
3. Principal Office Address <u>10 ARBOTT ST</u>			City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
4. NAICS Code <u>484110</u>		6. Brief description of the character of business conducted in Rhode Island <u>Parcel delivery</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Hector Perez</u>			Vice-President Name <u>Hector Perez</u>		
Street Address <u>10 ARBOTT ST</u>			Street Address <u>10 ARBOTT ST</u>		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
Secretary Name <u>Hector Perez</u>			Treasurer Name <u>Hector Perez</u>		
Street Address <u>10 ARBOTT ST</u>			Street Address <u>10 ARBOTT ST</u>		
City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>	City <u>Cumberland</u>	State <u>RI</u>	Zip <u>02864</u>
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		
			<u>100</u>		
			<u>0</u>		
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>Hector Perez</u>				Date <u>3/2/2021</u>	
Signature of Authorized Representative <u>[Signature]</u>					

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 12 2021

BY

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FORM 630 - Revised: 08/2020