

State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

MAR 17 2021

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY 267

1. Entity ID Number 001685394		2. Exact name of the Corporation OCEAN STATE TRUCKING INC			
3. Principal Office Address 193 MAGNOLIA STREET - #1			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 FRANCISCO BARRERA			Vice-President Name		
Street Address 193 MAGNOLIA ST - #1			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name FRANCISCO BARRERA			Treasurer Name FRANCISCO BARRERA		
Street Address 193 MAGNOLIA ST - #1			Street Address 193 MAGNOLIA ST - #1		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name FRANCISCO BARRERA			Director Name		
Street Address 193 MAGNOLIA ST - #1			Street Address		
City PROVIDENCE	State RI	Zip 02909	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		
			100		
			CLASS/SERIES		
			CNP		
			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 					Date 3-13-2021
Signature of Authorized Representative FRANCISCO BARRERA					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov