



State of Rhode Island

## Department of State - Business Services Division

FILED

APR 02 2021

Annual Report for the year: **2021**  
Corporation

BY

→ 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<br><b>001665921</b>                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    | 2. Exact name of the Corporation<br><b>M.A. Marwell Trucking Inc.</b>                                                            |             |
| 3. Principal Office Address<br>1845 Smith Street                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    | City<br>No. Providence                                                                                                           | State<br>RI |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    | Zip<br>02911                                                                                                                     |             |
| 4. NAICS Code<br><b>48120</b>                                                                                                                                                                                                                                                                                                                                                                                                                                    | 6. Brief description of the character of business conducted in Rhode Island<br><i>Trucking Co.</i> |                                                                                                                                  |             |
| 5. State of Incorporation<br>RI                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    |                                                                                                                                  |             |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                   |                                                                                                    |                                                                                                                                  |             |
| President Name<br>Jeffrey M. Marwell                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    | Vice-President Name<br>same                                                                                                      |             |
| Street Address<br>26 JFK Circle                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    | Street Address                                                                                                                   |             |
| City<br>No Providence                                                                                                                                                                                                                                                                                                                                                                                                                                            | State<br>RI                                                                                        | Zip<br>02904                                                                                                                     |             |
| Secretary Name<br>same                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | Treasurer Name                                                                                                                   |             |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    | Street Address                                                                                                                   |             |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                             | State                                                                                              | Zip                                                                                                                              |             |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                                                                                                                                                                                                                                                                                  |                                                                                                    |                                                                                                                                  |             |
| Director Name<br>Jeffrey M Marwell                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    | 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 <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span> |             |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    | NUMBER OF SHARES                                                                                                                 |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    | CLASS/SERIES                                                                                                                     |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    | PAR VALUE                                                                                                                        |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    | 100                                                                                                                              |             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    |                                                                                                                                  |             |
| 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.<br><b>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.</b> |                                                                                                    |                                                                                                                                  |             |
| Name of Authorized Representative<br>Jeffrey M. Marwell                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    | Date<br>3/30/2021                                                                                                                |             |
| Signature of Authorized Representative<br><i>Jeffrey M. Marwell</i>                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    |                                                                                                                                  |             |

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