(BB)

State of Rhode Island

Department of the Corporation		ess Services	Division 			STAMP	
→ Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$2	RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV			FOR			
1. Entity ID Number 001677294	2. Exact nam 4D TRUCK	e of the Corporatio		2021 APR -2 P 2: 16			
3. Principal Office Address 51 DABOLL ST			City PROVIDEN	ICE	State RI	Zip 02907	
4. NAICS Code	6. Brief descr	description of the character of business conducted in Rhoo			sland	ļ	
484121 5. State of Incorporation	TRANSPOR	TRANSPORTING GOODS IN TRUCKS AND ANY OTHER BUSINESS PERMITTED BY LAW.					
RI							
7. List ALL officers (names a	nd addresses)			Check	the hox to inc	dicate an attachment	
President Name	-		Vice-President		the box to int	Dicate an attachment L	
CLAUDIO A GONZALEZ							
Street Address 51 DABOLL ST			Street Address	S			
City PROVIDENCE	State RI	Zip 02907	City		State	Zıp	
Secretary Name			Treasurer Nan	me	 \ 	.	
Street Address			Street Address	s			
City	State	Zip	City		State	Zip	
8. List ALL directors (names	and addresses)		1	Check	the box to inc	dicate an attachment	
Director Name			Director Name	•			
Street Address			Street Address				
City	State	Zıp	City		State	Zıp	
prector Name		Director Name					
Street Address			Street Address				
City		17.4	Ch		Icana	Ta:	
City	State	Zıp	City		State	Zip	
9. Shares Authorized		10. Shares Is		Check	the box to inc	dicate an attachment [
This information is currently of record in the Department of State.			NUMBER OF SHARES		S T	PAR VALUE	
·		1000		STK		0.0100	
Changes require an additiona	ll filing.					-	
11. This report must be exec	cuted on behalf of the	corporation by an	authorized repres	sentative. If the corpo	ration is in th	e hands of a receiver o	
trustee, this report must be a	executed on behalf of	the corporation by	the receiver or tr	rustee.		hadulaa d	
Under penalty of perjury, I statements, and that all st	ueciare and amirm atements contained	uiat i nave examil herein aro true =	nea this report, i nd correct	nciuding any accor	npanying sci	nequies and	
Name of Authorized Repres					Date		
CLAUDIO A GONZALEZ					04/01/202	21	
Signature of Authorized Ren	recemblium						

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