RI SOS Filing Number: 202195452570 Date: 4/2/2021 2:17:00 PM

(FF)	

State of Rhode Island

Annual Report for the Corporation		अ अ	_			STAMP		
 → Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$2 	{	FOR						
1. Entity ID Number		2. Exact name of the Corporation 4D TRUCKING INC BUS SYCS DIV 2021 APR -2 P 2: 16:						
001677294	4D TRUCK	INGING		BELL WAR - 5		· · · · · · · · · · · · · · · · · · ·		
3. Principal Office Address 51 DABOLL ST			City PROVIDEN	SCE .	Státe RI	Zip 02907		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
484121	TRANSPO	TRANSPORTING GOODS IN TRUCKS AND ANY OTHER BUSINESS PERMITTED BY LAW.						
5. State of Incorporation RI					í			
7. List ALL officers (names a	and addresses)				eck the box to find	dicate an attachment 🔲		
President Name CLAUDIO A	Vice-President	l Name						
Street Address 51 DABOLL ST			Street Address					
City PROVIDENCE	State RI	Zip ()2907	City		State	Zıp		
Secretary Name		•	Treasurer Nan	ne	•	•		
Street Address			Street Address					
City	State	Zip	City		State	Zip		
8. List ALL directors (names	and addresses)			Ch	eck the box to in	dicate an attachment		
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
Director Name			Director Name					
Street Address	Street Address							
City	State	Zıp	City		State	Zip		
Shares Authorized 10. Share		10. Shares Issu				dicate an attachment		
This information is currently of record in the Department of State.			NUMBER C1 SHARES		CTASS/SERIES PAR VALUE			
Changes require an additional filing.		1000	1000		STK 0.0			
11. This report must be supp	and an habattath					· · · · · · · · · · · · · · · · · · ·		
 This report must be executive trustee, this report must be executed. 	cuted on behalf of the executed on hebalf o	e corporation by an a if the corporation by t	iuthorized repres	sentative. If the c	orporation is in th	ie hands of a receiver or		
Under penalty of perjury, I statements, and that all sta	declare and affirm atements contained	that I have examine	ed this report, i	ncluding any ac	companying sc	hedules and		
Name of Authorized Represe			Date					
CLAUDIO A GONZALEZ					04/01/20	21		
Signature of Authorized Rep	resentative							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 02 2021

FORM 630 - Revised: 08/2020