State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

STAMP FOR

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 APR -2 P 2:16

1. Entity ID Number	2. Exact name of the Corporation			
001677294	4D TRUCKING INC			
3. Principal Office Address		City	State	Zip
51 DABOLL ST		PROVIDENCE	RI	02907
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
484121	TRANSPORTING GOODS IN TRUCKS AND ANY OTHER BUSINESS PERMITTED BY LAW.			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
CLAUDIO A GONZALEZ					
Street Address			Street Address		
51 DABOLL ST					
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02907			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000	STK	0.0100

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
CLAUDIO A GONZALEZ	04/01/2021

Signature of Authorized Representative

FILED
APR 02 2021
BY

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