



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.

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2021 APR 29 A 9 22

1. Entity ID Number <u>1693677</u>		2. Exact name of the Corporation <u>Can Transportation Inc.</u>	
3. Principal Office Address <u>270 Bellevue Ave</u>		City <u>Newport</u>	State <u>R.I</u>
		Zip <u>02840</u>	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island <u>Transportation business.</u>		
5. State of Incorporation <u>R.I</u>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Victor Acevedo</u>		Vice-President Name <u>-</u>	
Street Address <u>797 Academy Ave</u>		Street Address	
City <u>Providence</u>	State <u>R.I</u>	Zip <u>02908</u>	
Secretary Name		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 <u>N/A</u>		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 type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES <u>0</u>	CLASS/SERIES
			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 <u>Victor Acevedo</u>		Date <u>04/01/2021</u>	
Signature of Authorized Representative <u>Victor Acevedo</u>		<b>FILED C</b>	