

State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2021
 Corporation

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

FILED
 MAY 26 2021
 BY 146
ea

1. Entity ID Number 000798376		2. Exact name of the Corporation GARCIA'S TRANSPORTATION, INC.			
3. Principal Office Address 39 SORRENTO STREET			City PROVIDENCE	State RI	Zip 02909
4. NAICS Code 484120		6. Brief description of the character of business conducted in Rhode Island TRUCKING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CIRILO GARCIA			Vice-President Name		
Street Address 39 SORRENTO STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name CIRILO GARCIA			Treasurer Name CIRILO GARCIA		
Street Address 39 SORRENTO STREET			Street Address 39 SORRENTO STREET		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name CIRILO GARCIA			Director Name		
Street Address 39 SORRENTO STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		COMMON	
				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>Cirilo Garcia</u>					Date
Signature of Authorized Representative CIRILO GARCIA					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov