



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
 JUN 22 2021
 BY 130401

1. Entity ID Number 001700019		2. Exact name of the Corporation Pyramid Transport, Inc.			
3. Principal Office Address 18119 Sussex Highway, Unit 2			City Bridgeville	State DE	Zip 19933
4. NAICS Code 493120		6. Brief description of the character of business conducted in Rhode Island Public Warehouse and Cold Storage Located at 2700 Plainfield Pike, Cranston, RI 02921			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James D Hitchen, Jr			Vice-President Name Jay Balback, COO		
Street Address -same as principal-			Street Address -same as principal-		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name Jesse Savage, CFO		
Street Address			Street Address -same as principal-		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		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	PAR VALUE
		1,000			1.00
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 Jesse Savage				Date 6/16/2021	
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
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