



State of Rhode Island  
**Department of State - Business Services Division**

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

**Annual Report for the year: 2020 Corporation**

2021 JUL 28 AM 11:49

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

1. Entity ID Number <b>1678379</b>		2. Exact name of the Corporation <b>Optima Courier, Inc</b>			
3. Principal Office Address 130 New Boston St. Suite 201			City Woburn	State MA	Zip 01801
4. NAICS Code 492110		6. Brief description of the character of business conducted in Rhode Island Courier Services			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
President Name <b>Leonard V Braudis</b>			Vice-President Name		
Street Address 29 Miles Standish Road			Street Address		
City Weston	State MA	Zip 02493	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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			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 <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		CLASSIFIES	PAR VALUE
		1,000,000		Common	0001
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.					
<b>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.</b>					
Name of Authorized Representative <b>Leonard V Braudis</b>					Date <b>3/16/21</b>
Signature of Authorized Representative <i>Leonard V Braudis</i>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

FILED 11:50

JUL 28 2021  
 BY *[Signature]* HVNXX