_	ing Number: 2	202103134970	Date: 10/12	2/2021 2:51:00	PM			
State of Rhode Island Department of S	State - Busin	ess Services I	Division					
nnual Report for the				,•	/	S		
orporation			_	- R.J. DEDECT (YED				
→ Filing period: January 1 - March 1			- R.I. DEPT. DE STATE BUS SVOS DIV					
 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 			2021 OCT 12 PM 2: L8					
Entity ID Number 2. Exact name of the Corporation					PH 2: 1-8			
00795110		RUCKING INC						
. Principal Office Address			City		State	Zip		
1 CENTRAL ST			CRANSTON		RI	02905		
. NAICS Code	6. Brief desci	ription of the charac	ter of business con	ducted in Rhode Is	land			
99999		SINTERSTATE						
State of Incorporation								
RHODE ISLAND								
List ALL officers (names and	addresses)			Chook	ho hou to led		. 🗖	
resident Name SALVADOR PE	= = = = = = = = = = = = = = = = = = =		Vice-President N		ne box to ina	cate an attachmer	<u> </u>	
reet Address 41 CENTRAL ST			Street Address					
CRANSTON	State RI	^{Z₁p} 02905	City		State	Zip		
ecretary Name			Treasurer Name	Treasurer Name				
reet Address			Street Address					
ity	State	Zip	City	 -	State	Zip		
List ALL directors (names and	d addresses)		- _	Check t	he box to ind	icate an attachmei	nt 🗀	
rector Name			Director Name	-				
reet Address			Street Address					
ity	State	Zip	City		State	Zip		
rector Name			Director Name	Director Name				
treet Address			Care at Address	<u> </u>				
urder Address			Street Address					
ity	State	Zip	City		State	Zip		
Shares Authorized		10. Shares Iss			he box to indi	cate an attachmer	nt 🗀	
nis information is currently of record in the epartment of State.		NUMBER OF		CLASS/SERIFS	<u> </u>	PAR VALUE		
		(a		CNP		<i>D</i>		
hanges require an additional fill	ng.							
1. This report must be executed	d on behalf of the	corporation by an a	uthorized represen	ntative. If the cornor	ation is in the	hands of a receiv	er or	
<u>ustee, this report must be exec</u>	<u>cuted on</u> behalf of	the corporation by t	the receiver or trust	t ee .			C. O.	
nder penalty of perjury, I dec	clare and affirm t	hat I have examine	ed this report, incl d correct	luding any accom	panying sch	edules and		
tatements, and that all statements contained herein are true as ame of Authorized Representative			a correct.	Date				
Smilling OFFICE.			-		10/07/202	<u>!</u> 1		
SALUADON ignature of Authorized Represe	entative			FILEU				
Selva								
	2 - J		0	CI 1 2 2021				
AIL TO: //ision of Business Services	-		ام محد	MANIA				

FORM 630 - Revised: 08/2020

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov