



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.

R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2021 OCT 12 PM 2:48

1. Entity ID Number <b>00795110</b>		2. Exact name of the Corporation <b>PEREZ TRUCKING INC</b>			
3. Principal Office Address <b>41 CENTRAL ST</b>		City <b>CRANSTON</b>		State <b>RI</b>	Zip <b>02905</b>
4. NAICS Code <b>999999</b>		6. Brief description of the character of business conducted in Rhode Island <b>TRUCKING INTERSTATE</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
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>SALVADOR PEREZ</b>			Vice-President Name		
Street Address <b>41 CENTRAL ST</b>			Street Address		
City <b>CRANSTON</b>		State <b>RI</b>	Zip <b>02905</b>	City	
Secretary Name			Treasurer Name		
Street Address			Street Address		
City		State	Zip	City	
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	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
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	CLASS/SERIFS		PAR VALUE
		<b>100</b>	<b>CNP</b>		<b>0</b>
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 <b>SALVADOR PEREZ</b>				Date <b>10/07/2021</b>	
Signature of Authorized Representative <i>Salvador Perez</i>				<b>FILED</b> <b>OCT 12 2021</b>	

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

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