



State of Rhode Island

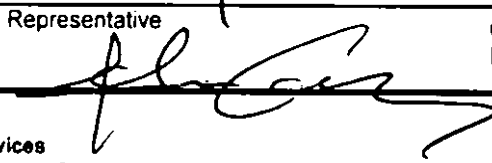
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIVAnnual Report for the year: 2021

Corporation

2021 DEC -8 P 12:49

- 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 <u>5673085</u>		2. Exact name of the Corporation <u>FERRY TRUCKING INC.</u>			
3. Principal Office Address <u>1815 MINERAL SPRING AVE.</u>		City <u>N. Providence</u>	State <u>Ri.</u>	Zip <u>02904</u>	
4. NAICS Code <u>484122</u>		6. Brief description of the character of business conducted in Rhode Island <u>Hauling Trailers for FedEx Ground</u>			
5. State of Incorporation <u>Massachusetts</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name <u>John Casey</u>			Vice-President Name <u>John Casey</u>		
Street Address <u>1815 MINERAL SPRING AVE.</u>			Street Address <u>1815 MINERAL SPRING AVE.</u>		
City <u>N. Providence</u>	State <u>Ri.</u>	Zip <u>02904</u>	City <u>N. Providence</u>	State <u>Ri.</u>	Zip <u>02904</u>
Secretary Name <u>John Casey</u>			Treasurer Name <u>John Casey</u>		
Street Address <u>1815 MINERAL SPRING AVE.</u>			Street Address <u>1815 MINERAL SPRING AVE.</u>		
City <u>N. Providence</u>	State <u>Ri.</u>	Zip <u>02904</u>	City <u>North Providence</u>	State <u>Ri.</u>	Zip <u>02904</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name <u>John Casey</u>			Director Name <u>LYNN CARRELAS</u>		
Street Address <u>1815 MINERAL SPRING AVE.</u>			Street Address <u>5 BAKER RD.</u>		
City <u>N. Providence</u>	State <u>Ri.</u>	Zip <u>02904</u>	City <u>Rehoboth</u>	State <u>Ma.</u>	Zip <u>02769</u>
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		
			PAR VALUE		
			<u>1000</u>		
			<u>0</u>		
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>John Casey</u>				Date <u>12/6/2021</u>	
Signature of Authorized Representative 				FILED <u>12:50 DEC 08 2021</u> BY <u>CE YTMP9</u>	

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