RI SOS Filing Number: 202106894790 Date: 12/8/2021 12:50:00 PM

State of Rhode Island
Department of State - Business Services Division

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BUS SVCS DIV
2021 DEC -8 P 12:49

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.

1. Entity ID Number	2. Exact name of the Corporation			
567308	FERRY TRUCKING INC.			
3. Principal Office Address		City	State	Zip
1815 MINERAL SPRING AVE.		N. Providence	RI.	02904
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
484122	Hauling Trailers for FedEx Ground			
5. State of Incorporation				
MASSachusetts				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: John Casey			Vice-President Name: John Casey		
Street Address: 1815 MINERAL SPRING AVE.			Street Address: 1815 MINERAL SPRING AVE.		
City: N Providence	State: RI.	Zip: 02904	City: N. Providence	State: RI.	Zip: 02904
Secretary Name: John Casey			Treasurer Name: John Casey		
Street Address: 1815 MINERAL SPRING AVE.			Street Address: 1815 MINERAL SPRING AVE.		
City: N. Providence	State: RI.	Zip: 02904	City: North Providence	State: RI.	Zip: 02904

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: John Casey			Director Name: LYNN CARRELAS		
Street Address: 1815 MINERAL SPRING AVE.			Street Address: 5 Baker Rd.		
City: N. Providence	State: RI.	Zip: 02904	City: Rehoboth	State: MA.	Zip: 02769
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1000		0

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: John Casey

FILED

Date: 12/6/2021

Signature of Authorized Representative

12:50 DEC 08 2021

BY LE YTMP9

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

FORM 630 - Revised: 08/2020