RI SOS Filing Number: 202107372260 Date: 12/23/2021 11:20:00 AM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: ~~2020~~ 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.

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R.I. DEPT. OF STATE
BUS SVCS DIV
2021 DEC 23 AM 11:18

1. Entity ID Number	2. Exact name of the Corporation
001701559	Cargo Management Group Limited Inc

3. Principal Office Address	City	State	Zip
643 East Ave STE 15	Warwick	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
484121	Trucking company
5. State of Incorporation: RI	

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

President Name: Siarhei Chumasau			Vice-President Name:		
Street Address: 1511 Main St Unit C409			Street Address:		
City: Worcester	State: MA	Zip: 01603	City:	State:	Zip:
Secretary Name: Siarhei Chumasau			Treasurer Name: Siarhei Chumasau		
Street Address: 1511 Main St Unit C409			Street Address: 1511 Main St Unit C409		
City: Worcester	State: MA	Zip: 01603	City: Worcester	State: MA	Zip: 01603

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

Director Name: Siarhei Chumasau			Director Name:		
Street Address: 1511 Main St Unit C409			Street Address:		
City: Worcester	State: MA	Zip: 02886	City:	State:	Zip:
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
100	CNP	0.0000

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	Date
Siarhei Chumasau	12/12/2021

Signature of Authorized Representative

DEC 23 2021

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

ACCT 11:20

FORM 630 - Revised: 08/2020