RI SOS Filing Number: 202208832230 Date: 1/28/2022 3:21:00 PM R.I. DEFILOR STATE State of Rhode Island BUS SYSS OF **Department of State - Business Services Division** 7077 JAN 28 P 3:21 Annual Report for the year: 2017 Corporation → Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31. 1. Entity ID Number 2. Exact name of the Corporation 001661585 Miri Transport, Inc. 3. Principal Office Address City State Zip 30 Conduit Street Central Falls RΙ 02863 4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island 484120 Over the road trucking. State of Incorporation Rhode Island List ALL officers (names and addresses) Check the box to indicate an attachment President Name Keith Guerrero Vice-President Name Tiani Vega Street Address 1160 Midland Avenue Apt 10J Street Address 1160 Midland Avenue Apt 10J State <sup>Zip</sup> 10708 State NY <sup>City</sup> Bronxville <sup>Zip</sup> 10708 **Bronxville** NY Secretary Name NONE Treasurer Name NONE Street Address Street Address City State Zip City State Zıp List ALL directors (names and addresses) Check the box to indicate an attachment Director Name NONE Director Name NONE Street Address Street Address City State Zip City State Zip Director Name NONE Director Name NONE Street Address Street Address City State Zip City State 9. Shares Authorized 10. Shares Issued Check the box to indicate an attachment This information is currently of record in the NUMBER OF SHARES CLASS/SERIES Department of State. 100 CNP 0.00 Changes require an additional filing. 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 Keith Guerrero 12/28/21 Signature of Authorized Representative

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 1AN 2 8 2022 FT HV Y

FORM 630 - Revised: 11/2021