



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2022  
CorporationRECEIVED  
RI DEPT. OF STATE  
BUS SVCS DIV

STAMP

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2022 AUG 12 AM 10:36

1. Entity ID Number 798376		2. Exact name of the Corporation GARCIA'S TRANSPORTATION, INC.												
3. Principal Office Address 40 NARDOLILLO ST		City JOHNSTON		State RI	Zip 02919									
4. NAICS Code 484120	6. Brief description of the character of business conducted in Rhode Island TRUCKING													
5. State of Incorporation RI														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name CIRILO GARCIA			Vice-President Name											
Street Address 40 NARDOLILLO ST			Street Address											
City JOHNSTON	State RI	Zip 02919	City	State	Zip									
Secretary Name CIRILO GARCIA			Treasurer Name CIRILO GARCIA											
Street Address 40 NARDOLILLO ST			Street Address 40 NARDOLILLO ST											
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919									
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	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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NONE</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NONE			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	COMMON	NONE												
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. <b>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.</b>														
Name of Authorized Representative CIRILO GARCIA				Date 8/1/22										
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

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