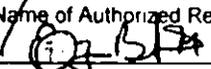


State of Rhode Island  
 Department of State - Business Services Division

Annual Report for the year: 2023  
 Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

**FILED**  
 FEB 16 2023  
 BY 127  
19

|   |             |   |                                       |               |                  |
|---|-------------|---|---------------------------------------|---------------|------------------|
| 1. Entity ID Number<br>001683886  |             | 2. Exact name of the Corporation<br>CHELSEA TRANS, INC.   |                                       |               |                  |
| 3. Principal Office Address<br>861 L MANTON AVE   |             |   | City<br>PROVIDENCE                    | State<br>RI   | Zip<br>02909     |
| 4. NAICS Code<br>484120   |             | 6. Brief description of the character of business conducted in Rhode Island<br>TRUCKING                               |                                       |               |                  |
| 5. State of Incorporation<br>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<br>EZAU BLANCO   |             |   | Vice-President Name                   |               |                  |
| Street Address<br>861 L MANTON AVENUE   |             |   | Street Address                        |               |                  |
| City<br>PROVIDENCE  | State<br>RI | Zip<br>02909  | City                                  | State         | Zip              |
| Secretary Name<br>EZAU BLANCO   |             |   | Treasurer Name<br>EZAU BLANCO         |               |                  |
| Street Address<br>861 L MANTON AVENUE   |             |   | Street Address<br>861 L MANTON AVENUE |               |                  |
| City<br>PROVIDENCE  | State<br>RI | Zip<br>02909  | City<br>PROVIDENCE                    | State<br>RI   | Zip<br>02909     |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |                                       |               |                  |
| Director Name<br>EZAU BLANCO  |             |   | Director Name                         |               |                  |
| Street Address<br>861 L MANTON AVENUE   |             |   | Street Address                        |               |                  |
| City<br>PROVIDENCE  | State<br>RI | Zip<br>02909  | City                                  | State         | Zip              |
| Director Name   |             |   | Director Name                         |               |                  |
| Street Address  |             |   | Street Address                        |               |                  |
| City  | State       | Zip   | City                                  | State         | Zip              |
| 9. Shares Authorized  |             | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                                       |               |                  |
| This information is currently of record in the Department of State.<br>Changes require an additional filing.  |             | NUMBER OF SHARES  |                                       | CLASS/SERIALS | PAR VALUE        |
|   |             | 100   |                                       | COMMON        |                  |
| 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.<br>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<br>   |             |   |                                       |               | Date<br>02/10/23 |
| Signature of Authorized Representative<br>EZAU BLANCO   |             |   |                                       |               |                  |

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