



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.

 RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

1. Entity ID Number <u>000096065</u>		2. Exact name of the Corporation <u>R. Vingi Refrigerated Transportation Inc.</u>		2023 FEB 22 P 12:19	
3. Principal Office Address <u>4 King Phillip Rd.</u>		City <u>Lincoln</u>	State <u>RI.</u>	Zip <u>02865</u>	
4. NAICS Code <u>488999</u>	6. Brief description of the character of business conducted in Rhode Island <u>Transportation of Produce, Fruit</u>				
5. State of Incorporation <u>R.I.</u>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>Richard Vingi</u>		Vice-President Name			
Street Address <u>4 King Phillip Rd.</u>		Street Address			
City <u>Lincoln</u>	State <u>RI.</u>	Zip <u>02865</u>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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		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.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>100</u>			<u>0</u>
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 <u>Richard Vingi</u>		FILED 1219 FEB 28 2023 BY 4Y9NT		Date	
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