



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.

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

2023 FEB 23 03:13

1. Entity ID Number <u>001035764</u>		2. Exact name of the Corporation <u>City Line Conveyance Plus Inc.</u>										
3. Principal Office Address <u>1015 Narragansett Blvd</u>		City <u>Cranston</u>	State <u>RI</u>									
4. NAICS Code <u>445100</u>		6. Brief description of the character of business conducted in Rhode Island <u>Retail & Wholesale of general goods -</u>										
5. State of Incorporation <u>Rhode Island</u>												
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
President Name <u>JITENDER BEHL</u>		Vice-President Name										
Street Address <u>1015 Narragansett Blvd.</u>		Street Address										
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02905</u>										
Secretary Name <u>Jitender Behl</u>		Treasurer Name										
Street Address <u>1015 Narragansett Blvd</u>		Street Address										
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02905</u>										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>												
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
Director Name		Director Name										
Street Address		Street Address										
City	State	Zip										
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>										
This information is currently of record in the Department of State.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>1000</u></td> <td></td> <td><u>10</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>1000</u>		<u>10</u>			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
<u>1000</u>		<u>10</u>										
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 <u>Jitender Behl</u>		Date <u>02-23-23</u>										
Signature of Authorized Representative <u>[Signature]</u>												

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

FEB 23 2023

BY ML

FORM 630 - Revised: 11/2021