



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

MAR 30 2023

BY

1. Entity ID Number 001700019		2. Exact name of the Corporation Pyramid Transport, Inc. dba Pyramid Transport & Cold Storage												
3. Principal Office Address 18119 Sussex Highway, Unit 2			City Bridgeville	State DE	Zip 19933									
4. NAICS Code 493120		6. Brief description of the character of business conducted in Rhode Island Warehouse and Cold Storage Facility Located at 2700 Plainfield Pike, Cranston RI 02921												
5. State of Incorporation DE														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name James D Hitchens, Jr.			Vice-President Name CEO - Jay Balback											
Street Address -same as principle			Street Address -same as principle											
City	State	Zip	City	State	Zip									
Secretary Name CTO - Steve Swain			Treasurer Name CFO - Jesse Savage											
Street Address -same as principle			Street Address -same as principle											
City	State	Zip	City	State	Zip									
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	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	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. Changes require an additional filing.		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:33%;">NUMBER OF SHARES</th> <th style="width:33%;">CLASS/SERIES</th> <th style="width:33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align:center;">75</td> <td style="text-align:center;">e</td> <td style="text-align:center;">1e</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	75	e	1e			
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		75	e	1e										
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 Jesse Savage				Date 3/24/2023										
Signature of Authorized Representative 														