



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 STA...

MAY 01 2023

BY

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1. Entity ID Number 001670156		2. Exact name of the Corporation NO LIMIT TRUCKING, INC.			
3. Principal Office Address 23 LOUISE LUTHER DRIVE			City CUMBERLAND	State RI	Zip 02864
4. NAICS Code 484200		6. Brief description of the character of business conducted in Rhode Island A CONDUCTED BUSINESS OF THE TRANSPORTATION OF PROPANE AND GAS TO NEEDED CUSTOMERS			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name TIMOTHY G. GOSSELIN			Vice-President Name		
Street Address 23 LOUISE LUTHER DRIVE			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 1000	CLASS/SERIES COMMON	PAR VALUE NO PAR	
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 TIMOTHY GOSSELIN				Date ✓ 4/20/23	
Signature of Authorized Representative 					