



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAY -3 PM 1:04

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

1. Entity ID Number 001684557		2. Exact name of the Corporation A TRUCKING INC			
3. Principal Office Address 125 LIBERTY ST			City PAWTUCKET	State RI	Zip 02861
4. NAICS Code 484120		6. Brief description of the character of business conducted in Rhode Island FREIGHT DELIVERY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name JOAO ALMEIDA			Vice-President Name		
Street Address 125 LIBERTY ST			Street Address		
City PAWTUCKET	State RI	Zip 02861	City	State	Zip
Secretary Name JOAO ALMEIDA			Treasurer Name JOAO ALMEIDA		
Street Address 125 LIBERTY ST			Street Address 125 LIBERTY ST		
City PAWTUCKET	State RI	Zip 0286	City PAWTUCKET	State RI	Zip 02861
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name JOAO ALMEIDA			Director Name		
Street Address 125 LIBERTY ST			Street Address		
City PAWTUCKET	State RI	Zip 02861	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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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 JOAO ALMEIDA				Date APRIL 30 2023	
Signature of Authorized Representative <i>Joao Almeida</i>					

FILED

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

MAY 3 2023

BY SAHSO

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