

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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 BUS SVCS DIV
 2023 MAY 24 PM 1:07
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 2023 MAR 30 PM 1:15

1. Entity ID Number 001339108		2. Exact name of the Corporation MIA SAMANTHA TRUCKING INC			
3. Principal Office Address 23 ARLINGTON AVENUE			City CRANSTON	State RI	Zip 02920
4. NAICS Code 484120		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation RI		TRUCKING			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name ALBERTO ALVARADO			Vice-President Name STMT 1		
Street Address 23 ARLINGTON AVE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Secretary Name ALBERTO ALVARADO			Treasurer Name ALBERTO ALVARADO		
Street Address 23 ARLINGTON AVE			Street Address 23 ARLINGTON AVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses)					Check the box to indicate an attachment
Director Name ALBERTO ALVARADO			Director Name		
Street Address 23 ARLINGTON AVE			Street Address		
City CRANSTON	State RI	Zip 02920	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		COMMON	0
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 <i>Alberto M. Alvarado</i>					Date 3-12-23
Signature of Authorized Representative ALBERTO M. ALVARADO					

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 24 2023
 BY TAMAR

A.A.
 1:09 pm.