

State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2019  
Corporation

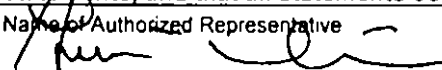
→ Filing period: February 1 - May 1

→ 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 SEP -7 P 2:43

1. Entity ID Number 000551046		2. Exact name of the Corporation CASCADA TRUCKING, INC.			
3. Principal Office Address 225 CARLETON ST			City PROVIDENCE	State RI	Zip 02908
4. NAICS Code 484120		6. Brief description of the character of business conducted in Rhode Island TRUCKING			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JESUS SALMERON			Vice-President Name		
Street Address 225 CARLETON ST			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Secretary Name JESUS SALMERON			Treasurer Name JESUS SALMERON		
Street Address 225 CARLETON ST			Street Address 225 CARLETON ST		
City PROVIDENCE	State RI	Zip 02908	City PROVIDENCE	State RI	Zip 02908
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name JESUS SALMERON			Director Name		
Street Address 225 CARLETON ST			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES 100		CLASS/SERIES COMMON
			PAR VALUE 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.					
<b>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.</b>					
Name of Authorized Representative 				Date 09-06-23	
Signature of Authorized Representative JESUS SALMERON					

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

SEP -7 2023  
BY BGSX4