RI SOS Filing Number: 202343268590 Date: 12/7/2023 2:11:00 PM

State of Rhode Island Department of State - Business Services Division Department of State - Business Services Division								
Annual Report for the year: 2022 Corporation				RECEIVED (F. 1) R.I. DEPT. OF STAYE BUS SYCS DIV				
→ Filling period: February 1 - May 1 → Filling Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.				2023 DEC -7 ₽ 2:10				
1. Entity ID Number	2. Exact name of the Corporation							
001725720 T & C Transportation Inc								
3. Principal Office Address	City		State	-	Zip			
153 Reservoir Ave			Provid	ence	RI		02907	
4. NAICS Code	6. Brief description	on of the characte	r of busines	ss conducted in Rhode Isl	and			
484121	TRUCK TRANSPORTATION SERVICES							
5. State of Incorporation								
RI								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Claudio Esteban Tejada				Vice-President Name Ricardo Yaniel Cruz Peralta				
Street Address 4.50 D			Ricardo Yaniei Cruz Peraita					
153 Reservoir	Ave Apt. 14	19:-	Street Address 72 Armington Ave 2nd FI					
^{City} Providence	RI RI	^{Zip} 02907	Prov	vidence	State	RI	Zip 02908	
Secretary Name			Tressurer 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 □					
Director Name				Director Name				
Street Address			Street Address					
City	State	Zip	City		State Z		Zip	
Director Namo			Director Name					
Street Address			Street Address					
City	State	Zlp	City		State		Zip	
9. Shares Authorized		10. Shares Issue		Check the bo	x to ind			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES			PAR VALUE	
		1000				Non Par Value		
14. This seems were 1								
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								
Name of Authorized Personnel time.								
Claudio Esteban Tejada			$q_{\alpha} = \alpha \setminus \{1\}$			12/06/2023		
Flandis Fr. DEC 07 2023								
MAIL TO: Division of Business Services BY								

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