

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Corporation			R.I. (RECEIVED ' R.I. DEPT. OF STATE BUS SYCS DIV			
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.				2023 DEC -7 P 2: 10			
1. Entity ID Number	2. Exact name of	the Corporation					
001725720	T & C Trai	nsportation	Inc				
3. Principal Office Address			City		State	Zip	
153 Reservoir Ave			Provid	ence	RI	02907	
4. NAICS Code	6. Brief description of the character of b			s conducted in Rhode Is	Lsland		
484121	TRUCK TRANSPORTATION SERVICES						
5. State of Incorporation							
7. List ALL officers (names and ac	tdrassas)			Chail the ba		· · · · · · · · · · · · · · · · · · ·	
President Name Claudio Esteban Tejada			Vice-Presi	Check the box to indicate an attachment			
Street Address 450 December 19 and 1				Vice-President Name Ricardo Yaniel Cruz Peralta			
153 Reservoir Ave Apt. 14			Street Address 72 Armington Ave 2nd FI				
^{City} Providence	State RI	^{Zip} 02907	City	vidence	State R	Zip 02908	
Secretary Name	1	02007	Tressurer	City Providence State RI Zip 02908 Tressurer Name			
Street Address			Street Add	Street Address			
City	State	Zip	City		State	Zip	
8. List ALL directors (names and a	addresses)	<u></u>	<u> </u>	Chack the hi	av to indica	te an attachment □	
8. List ALL directors (names and a Director Name			Director No		ox to indica	te an attachment L	
Street Address				Street Address			
City	State	Zip	City		State Z		
Director Namo			Director Name				
Street Address			Street Add	Street Address			
City	State	Ζip	City		State	Zip	
9. Shares Authorized	<u></u>	10. Shares Issu	ued	Check the b	ox to indica	ite an attachment	
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SERIES	-	PAR VALUE	
•		1000				Non Par Value	
Changes require an additional filing.							
11. This report must be executed coiver or trustee, this report must	on behalf of the cor	poretion by an er	uthorized rep	presentative. If the corpo	ration is in	the hands of a re-	
Under penalty of perjury, I deck statements, and that all stateme	are and affirm that	I have examine	d this repor	t, including any accom	panying s	chedules and	
Name of Authorized Representation	ve	THE PAR SIL			Date		
Claudio Esteban Tejada				FILED 12/06/2023			

MAJL TO:

Division of Business Services

Signature of Authorized Representative floudes

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.rl.gov

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