



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

|  |  |   |  |                           |                     |
|--|--|---|--|---------------------------|---------------------|
| 1. Entity ID Number<br><b>155824</b>   |  | 2. Exact name of the Corporation<br><b>J &amp; C Trucking Company</b>   |  | 2023 DEC 11 P 3:00        |                     |
| 3. Principal Office Address<br><b>23 Sophia lane</b>   |  | City<br><b>Greenville</b>   | State<br><b>RI</b>                                   | Zip<br><b>02828</b>       |                     |
| 4. NAICS Code<br><b>484121</b>   | 6. Brief description of the character of business conducted in Rhode Island<br><b>Transportation</b> |   |  |                           |                     |
| 5. State of Incorporation<br><b>RI</b>   |  |   |  |                           |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |  |   |  |                           |                     |
| President Name<br><b>William Chacon</b>  |  |   | Vice-President Name<br><b>Carina Pinto de Chacon</b> |                           |                     |
| Street Address<br><b>23 Sophia lane</b>  |  |   | Street Address<br><b>23 Sophia lane</b>              |                           |                     |
| City<br><b>Greenville</b>  | State<br><b>RI</b>   | Zip<br><b>02828</b>   | City<br><b>Greenville</b>                            | State<br><b>RI</b>        | Zip<br><b>02828</b> |
| Secretary Name<br><b>Carina Pinto de Chacon</b>  |  |   | Treasurer Name<br><b>Carina Pinto de Chacon</b>      |                           |                     |
| Street Address<br><b>Same as above</b>   |  |   | Street Address<br><b>Same as above</b>               |                           |                     |
| City   | State  | Zip   | City   | State                     | Zip                 |
|  |  |   |  |                           |                     |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |  |   |  |                           |                     |
| Director Name  |  |   | Director Name  |                           |                     |
| Street Address   |  |   | Street Address                                       |                           |                     |
| City   | State  | Zip   | 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.<br><br>Changes require an additional filing.   |  | NUMBER OF SHARES  |  | CLASS/SERIES              | PAR VALUE           |
|  |  | <b>1,000</b>  | <b>STH</b>   | <b>1.00</b>               |                     |
| 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.<br><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<br><b>William Chacon</b>   |  |   |  | Date<br><b>12/11/2023</b> |                     |
| Signature of Authorized Representative<br><b>William Chacon</b>  |  |   |  | DEC 11 2023               |                     |

MAIL TO:  
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