

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSO
24 JAN 30 PM 1:10:00

1. Entity ID Number 001731060		2. Exact name of the Corporation V A AND SON TRANSPORTATION INC			
3. Principal Office Address 82 GRAY STREET			City PROVIDENCE	State RI	Zip 02909
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) Check the box to indicate an attachment					
President Name MARIA C GARCIA			Vice-President Name		
Street Address 82 GRAY STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Secretary Name MARIA C GARCIA			Treasurer Name MARIA C GARCIA		
Street Address 82 GRAY STREET			Street Address 82 GRAY STREET		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment					
Director Name MARIA C GARCIA			Director Name		
Street Address 82 GRAY STREET			Street Address		
City PROVIDENCE	State RI	Zip 02909	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		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.					
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>Maria C Garcia</i>					Date 1/29/2024
Signature of Authorized Representative MARIA C GARCIA					

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

JAN 30 2024
 BY ML Z5YA1