

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

FEB 02 2024

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

1. Entity ID Number 001683886		2. Exact name of the Corporation CHELSEA TRANS, INC.					
3. Principal Office Address 861 L MANTON AVE			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) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/> X</span>							
President Name EZAU BLANCO			Vice-President Name STMT 1				
Street Address 861 L MANTON AVENUE			Street Address				
City PROVIDENCE	State RI	Zip 02909	City	State	Zip		
Secretary Name EZAU BLANCO			Treasurer Name EZAU BLANCO				
Street Address 861 L MANTON AVENUE			Street Address 861 L MANTON AVENUE				
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	Zip 02909		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name EZAU BLANCO			Director Name				
Street Address 861 L MANTON AVENUE			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 <span style="float: right;">10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span></span>							
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES			CLASS/SERIES	PAR VALUE
			100			COMMON	
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 EZAU BLANCO					Date 01/28/24		
Signature of Authorized Representative EZAU BLANCO							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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