

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.

FEB 02 2024

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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) Check the box to indicate an attachment ☒					
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) Check the box to indicate an attachment ☐					
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			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		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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Website: www.sos.ri.gov