



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.

FILED
FEB 06 2024
BY *[Signature]* 3473

1. Entity ID Number 00083305		2. Exact name of the Corporation Rhode Island Truck & Equipment Corporation			
3. Principal Office Address 1331 Main Street			City West Warwick	State RI	Zip 02893
4. NAICS Code 423140		6. Brief description of the character of business conducted in Rhode Island Purchase & Sale at Retail and Wholesale of Motor Vehicle Parts & Equipment			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeffrey Joaquin			Vice-President Name Matthew Joaquin		
Street Address 36 Fiume Street			Street Address 36 Fiume Street		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 500	CLASS/SERIES CNP	PAR VALUE \$0.00
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 Jeffrey Joaquin				Date 2-1-2024	
Signature of Authorized Representative <i>[Signature]</i>					