RI SOS Filing Number: 202447858840 Date: 3/5/2024 9:00:00 AM

State of Rhode Island
Department of State - Business Services Division

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'24 MAR 5 A8:52:37

2023 MAR 17 A11:11

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.

1. Entity ID Number	2. Exact name of the Corporation			
001657731	DIAS TRANSPORTATION INC			
3. Principal Office Address		City	State	Zip
15 HAZEL STREET		PAWTUCKET	RI	02860
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
484120	TRUCKING			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name MARINO O. DIAS			Vice-President Name		
Street Address 34 CAMPBELL TERRACE			Street Address		
City PAWTUCKET	State RI	Zip 02860	City	State	Zip
Secretary Name MARINO O. DIAS			Treasurer Name MARINO O. DIAS		
Street Address 34 CAMPBELL TERRACE			Street Address 34 CAMPBELL TERRACE		
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name MARINO O. DIAS			Director Name		
Street Address 34 CAMPBELL TERRACE			Street Address		
City PAWTUCKET	State RI	Zip 02860	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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	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	Date
MARINO O. DIAS	01-30-2023

Signature of Authorized Representative: Marino O Dias

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

9:00 MAR 05 2024 BY ML 9Q494

FORM 630 - Revised: 2/2023