RI SOS Filing Number: 202455272410 Date: 5/30/2024 4:00:00 PM

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State of Rhode Island Department of State - Business Services Division					MAY 3 0 2024		
Annual Report for the year: Corporation	2024			BY	1417		
Filing period: February 1	- May 1						
→ Filing Fee: \$50.00 → Penalty: Additional \$25.00) fee if form is no	ot filed by May 31.			-12		
Entity ID Number		2. Exact name of the Corporation					
001665921	M.A. M	M.A. MARWELL TRUCKING, INC					
Principal Office Address			City		State	Zıp	
1845 SMITH STREET			NO. PF	ROVIDENCE	RI	02911	
4. NAICS Code		6. Brief description of the character of business conducted in					
926120	TRUCKIN	TRUCKING					
5. State of Incorporation							
RI							
7. List ALL officers (names and a President Name	Check the box to indicate an attachment [
JEFFREY M. MARWELL			Vice-President Name SAME				
Street Address 1845 SMITH STREET				Street Address 26 JFK CIRCLE			
City NO. PROVIDENCE	State RI	^{Zıp} 02911	City n/o.	Pany	State	Zip 0794	
Secretary Name	<u> </u>		Treasurer N	lame	1,	1 7	
Street Address			Street Address				
78.	Ictorio				10	I 7:-	
City	State	Zip	City		State	Zip	
8. List ALL directors (names and	addresses)				e box to indicate a	n attachment	
Director Name SAME	Director Name SAME						
Street Address	Street Address						
City	State	Zip	City	-	State	Žip	
Director Name			Director Nai	me	1		
Director Humber	Director Hame						
Street Address			Street Address				
City	State	Zip	City		State	Žīp	
9. Shares Authorized		10. Shares Iss	ued	Check th	ne box to indicate a	an attachment	
This information is currently of record in the Department of State.		NUMBER OF	NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
·			500				
Changes require an additional filin	g.						
11. This report must be executed					prporation is in the	hands of a re-	
ceiver or trustee, this report must Under penalty of perjury, I dec					companying sche	dules and	
statements, and that all statem	ents contained			g uny doi			
Name of Authorized Representative JEFFREY M. MARWELL					Date 5/10/24		
Signature of Authorizet Representative					5/10/24		
polynature of Autrionizen Represe	ingling 👉 /		_				

MAIL TO:

Division of Business Service 148 W. River Street, Provide

Phone: (401) 222-3040

Website: www.sos.n.gov

16, Hode Island 02904-2615

Maurell