



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.

REC'D RIDOS BSD
24 MAY 31 PM 3:47:23

STAMP

1. Entity ID Number 001727675		2. Exact name of the Corporation Weis & Sons Moving, Inc.			
3. Principal Office Address PO Box 3589			City Cranston	State RI	Zip 02910
4. NAICS Code 4844210		6. Brief description of the character of business conducted in Rhode Island Household and office goods moving and any other lawful business.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Derek Weisinger			Vice-President Name Traay Camara		
Street Address PO Box 3589			Street Address PO Box 3589		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Derek Weisinger			Treasurer Name Derek Weisinger		
Street Address PO Box 3589			Street Address PO Box 3589		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name None			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			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	No Par Value
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 Derek Weisinger			FILED		Date 5/10/2024
Signature of Authorized Representative 			MAY 31 2024 BY 139R7		

MAIL TO:
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Website: www.sos.ri.gov