



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.

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24 MAY 31 PM 3:47:23

STAMP

1. Entity ID Number <b>001727675</b>		2. Exact name of the Corporation <b>Weis &amp; Sons Moving, Inc.</b>			
3. Principal Office Address <b>PO Box 3589</b>		City <b>Cranston</b>		State <b>RI</b>	Zip <b>02910</b>
4. NAICS Code <b>4844210</b>		6. Brief description of the character of business conducted in Rhode Island <b>Household and office goods moving and any other lawful business.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Derek Weisinger</b>			Vice-President Name <b>Traay Camara</b>		
Street Address <b>PO Box 3589</b>			Street Address <b>PO Box 3589</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
Secretary Name <b>Derek Weisinger</b>			Treasurer Name <b>Derek Weisinger</b>		
Street Address <b>PO Box 3589</b>			Street Address <b>PO Box 3589</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.					
Changes require an additional filing.					
NUMBER OF SHARES <b>100</b>		CLASS/SERIES <b>Common</b>		PAR VALUE <b>No Par Value</b>	
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. <b>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.</b>					
Name of Authorized Representative <b>Derek Weisinger</b>			FILED		Date <b>5/10/2024</b>
Signature of Authorized Representative 			MAY 31 2024 BY <b>139R7</b>		

## MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov