



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RIDCS 359
JUL 31 AM 11:26:33

1. Entity ID Number 001696615		2. Exact name of the Corporation Camin Cargo Control, Inc.			
3. Principal Office Address 66 Commercial way, Unit 5			City Providence	State RI	Zip 02806
4. NAICS Code 541380		6. Brief description of the character of business conducted in Rhode Island Petroleum Inspection, Laboratory Testing and Certification, and Additives Services			
5. State of Incorporation Texas					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Hodson			Vice-President Name		
Street Address 1001 Shaw Ave, Suite 200			Street Address		
City Pasadena	State TX	Zip 77506	City	State	Zip
Secretary Name Marion Shtyrkalo			Treasurer Name		
Street Address 1001 Shaw Ave, Suite 200			Street Address		
City Pasadena	State TX	Zip 77506	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 Check the box to indicate an attachment <input type="checkbox"/>					
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 117,340	CLASS/SERIES A	PAR VALUE 0.0100
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 Rochelle Fitzgerald					Date July 29, 2024
Signature of Authorized Representative					

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

JUL 31 2024

BY VEZS9

FORM 630- Revised: 04/2023