



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.

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|   |                    |  |   |                              |                            |
|---|--------------------|--|---|------------------------------|----------------------------|
| 1. Entity ID Number<br><b>001696615</b>   |                    | 2. Exact name of the Corporation<br><b>Camin Cargo Control, Inc.</b>   |   |                              |                            |
| 3. Principal Office Address<br><b>66 Commercial way, Unit 5</b>   |                    |  | City<br><b>Providence</b>   | State<br><b>RI</b>           | Zip<br><b>02806</b>        |
| 4. NAICS Code<br><b>541380</b>  |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Petroleum Inspection, Laboratory Testing and Certification, and Additives Services</b> |   |                              |                            |
| 5. State of Incorporation<br><b>Texas</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<br><b>John Hodson</b>  |                    |  | Vice-President Name   |                              |                            |
| Street Address<br><b>1001 Shaw Ave, Suite 200</b>   |                    |  | Street Address  |                              |                            |
| City<br><b>Pasadena</b>   | State<br><b>TX</b> | Zip<br><b>77506</b>  | City  | State                        | Zip                        |
| Secretary Name<br><b>Marion Shtyrkalo</b>   |                    |  | Treasurer Name  |                              |                            |
| Street Address<br><b>1001 Shaw Ave, Suite 200</b>   |                    |  | Street Address  |                              |                            |
| City<br><b>Pasadena</b>   | State<br><b>TX</b> | Zip<br><b>77506</b>  | City  | State                        | Zip                        |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                              |                            |
| 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  |                    |  |   |                              |                            |
| This information is currently of record in the Department of State.   |                    |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                              |                            |
| Changes require an additional filing.   |                    |  | NUMBER OF SHARES<br><b>117,340</b>  | CLASS/SERIES<br><b>A</b>     | PAR VALUE<br><b>0.0100</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<br><b>Rochelle Fitzgerald</b>   |                    |  |   | Date<br><b>July 29, 2024</b> |                            |
| Signature of Authorized Representative  |                    |  |   |                              |                            |

FILED

MAIL TO:  
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148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
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