



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2025

## 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  
 25 JAN 30 AM 9:55:31

1. Entity ID Number <b>790673</b>		2. Exact name of the Corporation <b>Jose Gomes Pinto Delivery INC.</b>	
3. Principal Office Address <b>19 Garden St</b>		City <b>PAWTUCKET</b>	State <b>R.I.</b>
4. NAICS Code <b>484110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Appliance Delivery</b>	
5. State of Incorporation <b>R.I.</b>		Zip <b>02860</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>Jose G. Pinto</b>		Vice-President Name	
Street Address <b>19 Garden St</b>		Street Address	
City <b>PAWTUCKET</b>	State <b>R.I.</b>	Zip <b>02860</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
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	
Director Name		Director Name	
Street Address		Street Address	
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	CLASS/SERIES
		<b>0</b>	<b>1.00</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>Jose G. Pinto</b>		Date <b>1/30/25</b>	
Signature of Authorized Representative <b>Jose G. Pinto</b>		<b>FILED 9:55</b>	

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

JAN 30 2025

BY **GJFVT**