



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 RHODES BSD
25 MAY 19 PM 1:58:19

1. Entity ID Number 001691214		2. Exact name of the Corporation NINO P TRUCKING INC			
3. Principal Office Address 124 Hamilton Street		City Providence		State RI	Zip 02907
4. NAICS Code 481112		6. Brief description of the character of business conducted in Rhode Island FREIGHT SERVICES TRANSPORTATION			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ANTHONY PERALTA PENA			Vice-President Name		
Street Address 124 HAMILTON STREET			Street Address		
City PROVIDENCE	State RI	Zip 02907	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 ☐					
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 ☐		
			NUMBER OF SHARES 8000	CLASS/SERIES CNP	PAR VALUE 0.00
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. FILED					
Name of Authorized Representative ANTHONY PERALTA PENA				Date 4/24/25	
Signature of Authorized Representative <i>Antony</i>				BY <i>ET FZS</i> 201 19	

MAIL TO:
Division of Business Services
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