RI SOS Filing Number: 202573297760 Date: 5/19/2025 1:58:00 PM

	State of Rhode Island  Department of State - Business Services Division						igg Aggar	
Annual Report for the year: 2020						RIDOS 19 PK1	ing a trobaction	
Corporation —————						NA NA		
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00						200	•	
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.								
1. Entity ID Number 2. Exact name of the Corporation NINO P TRUCKING INC								
3. Principal Office Address 124 Hamilton Street				City Py	rovidence	State RI	Zip 0290	
				ter of business conducted in Rhode Island				
5. State of Incorporation RHODE ISLAND								
	LL officers (names and add		Check the box to indicate an attachment					
President Nanic ANTHONY PERALTA PENA				Vice-President Name				
Street Address 124 HAMILTON STREET				Street Adcress				
	OVIDENCE	State RI	<sup>Zip</sup> 02907	City		State	Zip	
Secretary Name				Treasurer Name				
Street Address				Street Address				
City		State	Zip	City		State	Zıp	
	LL directors (names and a	ddresses)		<u> </u>		x to indica	ate an attachment	
Director Name				Director Name				
Street Address				Street Address				
City	City State		Zip	City		Stale	Zip	
Director Name				Director Name				
Street Address				Street Address				
City		State	Zip	City		State	Żip	
	s Authorized	ad in Ab -	10. Shares Issue				ate an attachment 🔲	
This information is currently of record in the Department of State.  Changes require an additional filing.		ra in the	8000 CNF		CNP	0.00		
			<del></del>			+		
11. This	report must be executed o	n behalf of the co	rporation by an au	thorized ren	l resentative. If the corrol	ration is in	the hands of a re-	
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 correctFILED								
Name of Authorized Representative ANTHONY PERALTA PENA						Date	Date /	
Signature of Authorized Representative				ΜΔΥ 1	9 2025	4/2	4/25	
Mer ET72								
MAIL TO:		72.		E7	ra			
Division of Business Services  148 W. River Street, Providence, Rhode Island 02904-2615								

Phone: (401) 222-3040 Website: www.sos.ri.gov