



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.

FILED STAMP

MAY 19 2025

BY

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DEPT. OF STATE  
BUS SVCS DIV.

1. Entity ID Number <b>001708064</b>		2. Exact name of the Corporation <b>WIN FAST USA, INC</b>	
3. Principal Office Address <b>246 DOUGLAS AVENUE</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02908</b>	
4. NAICS Code <b>484121</b>	6. Brief description of the character of business conducted in Rhode Island <b>TRANSPORTATION</b>		
5. State of Incorporation <b>RHODE ISLAND</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>ALVARO ORTEGA</b>		Vice-President Name <b>SAME</b>	
Street Address <b>246 DOUGLAS AVENUE</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	
Secretary Name <b>SAME</b>		Treasurer Name <b>SAME</b>	
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 <b>ALVARO ORTEGA</b>		Director Name	
Street Address <b>246 DOUGLAS AVENUE</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02908</b>	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized <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.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>30,000.00</b>	CLASS/SERIES <b>CNP</b>
		PAR VALUE <b>\$0.0000</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>ALVARO ORTEGA</b>		Date <b>02/05/2025</b>	
Signature of Authorized Representative <i>X ALVARO ORTEGA</i>			

## MAIL TO:

Division of Business Services

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

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