State of Rhode Island

Department of State - Business Services Division

FILED
MAY 19 2025
BY RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

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.

1. Entity ID Number	2. Exact name of the Corporation			
00089536	J. Tartaglia Trucking, Inc.			
3. Principal Office Address		City	State	Zip
19 Tartaglia Street		Johnston	RI	02919
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
423860	The general transportation of commodities and commodities in bulk.			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jesse K. Tartaglia			Vice-President Name: Jesse K. Tartaglia		
Street Address: 19 Tartaglia Street			Street Address: Same		
City: Johnston	State: RI	Zip: 02919	City:	State:	Zip:
Secretary Name: Jesse K. Tartaglia			Treasurer Name: Jesse K. Tartaglia		
Street Address: Same			Street Address: Same		
City:	State:	Zip:	City:	State:	Zip:

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Jesse K. Tartaglia			Director Name:		
Street Address: Same			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 — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
800	Common	No Par

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.

Name of Authorized Representative	Date
Jesse K. Tartaglia	5/13/25

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021