

## State of Rhode Island

## Department of State - Business Services Division

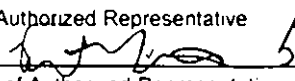
Annual Report for the year: 2025  
Corporation

→ 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 JUN 6 PM 2:56:21

1. Entity ID Number 001732398		2. Exact name of the Corporation C V TRANSPORTATION INC					
3. Principal Office Address 25 WHITMAN STREET		City PAWTUCKET		State RI	Zip 02860		
4. NAICS Code 484120	6. Brief description of the character of business conducted in Rhode Island TRUCKING						
5. State of Incorporation MA							
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
President Name CELESTINO VEIGA			Vice-President Name				
Street Address 25 WHITMAN STREET			Street Address				
City PAWTUCKET	State RI	Zip 02860	City	State	Zip		
Secretary Name CELESTINO VEIGA			Treasurer Name CELESTINO VEIGA				
Street Address 25 WHITMAN STREET			Street Address 25 WHITMAN STREET				
City PAWTUCKET	State RI	Zip 02860	City PAWTUCKET	State RI	Zip 02860		
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
Director Name CELESTINO VEIGA			Director Name				
Street Address 25 WHITMAN STREET			Street Address				
City PAWTUCKET	State RI	Zip 02860	City	State	Zip		
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
9. Shares Authorized <span style="float: right;">10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span></span>							
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES				CLASS/SERIES	PAR VALUE
		100		STK			
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 6-6-2025		
Signature of Authorized Representative CELESTINO VEIGA					FILED		

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY LKS EOGHG