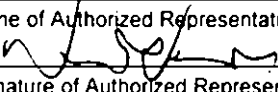


State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
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 2:56:29

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</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</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			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment</span>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			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

JUN 06 2025 2:57pm

BY LKS EOGUG