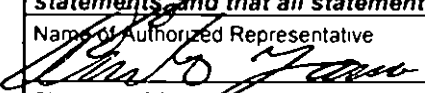


**State of Rhode Island**  
**Department of State - Business Services Division**

**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  
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1. Entity ID Number 000798376		2. Exact name of the Corporation GARCIA'S TRANSPORTATION INC			
3. Principal Office Address 40 NARDOLILLO STREET			City JOHNSTON	State RI	Zip 02919
4. NAICS Code 484120	6. Brief description of the character of business conducted in Rhode Island				
5. State of Incorporation RI	TRUCKING				
7. List ALL officers (names and addresses)					Check the box to indicate an attachment
President Name CIRILO GARCIA			Vice-President Name		
Street Address 40 NARDOLILLO STREET			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Secretary Name CIRILO GARCIA			Treasurer Name CIRILO GARCIA		
Street Address 40 NARDOLILLO STREET			Street Address 40 NARDOLILLO STREET		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
8. List ALL directors (names and addresses)					Check the box to indicate an attachment
Director Name CIRILO GARCIA			Director Name		
Street Address 40 NARDOLILLO STREET			Street Address		
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		CNP	0
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 8/8/25	
Signature of Authorized Representative CIRILO GARCIA				BY <u>210RF</u> 424 19	

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