



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 001678428

**2. Name of Corporation** Truckers America Corp

**3. Street Address Principal Business Office:**

No. and Street: 60 ROMANO VINEYARD WAY  
SUITE 110

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

**4. Business Phone No.**

8777895778

**5. State of Incorporation**

State:

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

484110

**6. Brief Description of the Character of Business Conducted in Rhode Island**

WE ARE A 3RD PARTY TRANSPORTATION AND DRIVER RECRUITING FIRM.  
RESPONSIBILITIES INCLUDE BUSINESS DEVELOPMENT, WEB DESIGN, PAYROLL,  
CONTRACT NEGOTIATION, RECRUITING, SYSTEMS INTEGRATION, IT, MARKETING,  
P&L  
AND OVERALL GROWTH AND MANAGEMENT OF A TRANSPORTATION COMPANY.  
BUILD AND  
DEVELOP A WORKING RELATIONSHIP WITH SOME OF THE COUNTRY'S PREMIER  
SHIPPERS  
AND CARRIERS. EFFECTIVELY COMMUNICATE AND MOTIVATE STAFF AND TEAM TO  
PROVIDE WORLD CLASS SERVICE THAT WE CAN STAKE OUR REPUTATION ON.

**PROVIDE**

**EXCELLENT COMMUNICATION AND CUSTOMER SERVICE TO CLIENTS. CONSULT IN AREAS OF SAFETY, RECRUITING AND RETENTION.**

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
INCORPORATOR	JASON L. CARDOZA	916 PARK AVENUE WOONSOCKET, RI 02895 USA
OTHER OFFICER	JASON CARDOZA	60 ROMANO VINEYARD WAY, SUITE 110 NORTH KINGSTOWN, RI 02852 USA

**8. Shares Authorized and Issued**

<b>Class of Stock</b>	<b>Series of Stock</b>	<b>Par Value Per Share</b>	<b>Total Authorized Shares</b> <i>Number of Shares</i>	<b>Total Issued and Outstanding</b> <i>Num of Shares</i>
STK		\$50.0000	1,000.00	0
STK		\$100.0000	1,000.00	0

**9. 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.**

**Signed this 3 Day of September, 2018 at 6:18:06 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JASON CARDOZA  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07