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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**
**** 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.***

1. Corporate ID No.	2. Name of Corporation		
000106764	San Miguel Transportation, Inc.		
3. Street Address Principal Business Office	City	State	Zip
908 Broad Street	Providence	Rhode Island	02907
4. Business Phone No.	5. State of Incorporation		
401-272-6055	Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the transportation of people from Providence to New York

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
Carlos A. Camarena	908 Broad Street	Providence	RI	02907

Vice President Name	Street Address	City	State	Zip
Carlos A. Camarena	908 Broad Street	Providence	RI	02907

Secretary Name	Street Address	City	State	Zip
Carlos A. Camarena	908 Broad Street	Providence	RI	02907

Treasurer Name	Street Address	City	State	Zip
Carlos A. Camarena	908 Broad Street	Providence	Rhode Island	02907

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
Carlos A. Camarena	908 Broad Street	Providence	RI	02907

Director Name	Street Address	City	State	Zip
Carlos A. Camarena	908 Broad Street	Providence	RI	02907

Director Name	Street Address	City	State	Zip
Carlos A. Camarena	908 Broad Street	Providence	Rhode Island	02907

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
2,500		

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
0		

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.

[redacted]

[redacted]

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.

Carlos A. Camarena 9-10-07
Signature *Date*

Carlos A. Camarena
Print or Type Name

[redacted] President
Title

File Date FILED
Check No.
By: OCT 05 2007
By FOR SECRETARY OF STATE USE ONLY 1402

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Form 630 Rev. 12/06