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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
30264	Transportation Building, Inc.
3. State of Incorporation: Rhode Island	4. Brief description of the character of business conducted in Rhode Island: Ownership and management of an office building

5. Principal office address	City	State	Zip
121 Brightridge Avenue	East Providence	RI	02914

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

	President Name	Street Address	City	State	Zip
	Paul Santos	121 Brightridge Avenue	East Providence	RI	02914
	Vice-President Name	Street Address	City	State	Zip
	Matthew Maini	121 Brightridge Avenue	East Providence	RI	02914
	Secretary Name	Street Address	City	State	Zip
	Matthew Taibi	121 Brightridge Avenue	East Providence	RI	02914
	Treasurer Name	Street Address	City	State	Zip
	Matthew Taibi	121 Brightridge Avenue	East Providence	RI	02914

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

	Director Name	Street Address	City	State	Zip
	Paul Santos	121 Brightridge Avenue	East Providence	RI	02914
	Director Name	Street Address	City	State	Zip
	Matthew Maini	121 Brightridge Avenue	East Providnce	RI	02914
	Director Name	Street Address	City	State	Zip
	Matthew Taibi	121 Brightridge Avenue	East Providence	RI	02914
	Director Name	Street Address	City	State	Zip

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
JUN 0 9 2014
BY 020045

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.

Signature of Officer or Authorized Representative — Date: 6/6/2014

Matthew Taibi, Scretary-Treasurer
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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