



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

|                                                                                                                                                            |       |                                                                                |                                                                            |                    |                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------------------------------------------------------------|----------------------------------------------------------------------------|--------------------|---------------------|
| 1. Entity ID No.<br><b>797427</b>                                                                                                                          |       | 2. Exact name of the Corporation<br><b>NORTH AMERICAN BUS INDUSTRIES, INC.</b> |                                                                            |                    |                     |
| 3. Principal office address<br><b>1016 National DR</b>                                                                                                     |       | City<br><b>Anniston</b>                                                        |                                                                            | State<br><b>AL</b> | Zip<br><b>36207</b> |
| 4. Business Phone No.<br><b>256-241-1377</b>                                                                                                               |       | 5. State of Incorporation                                                      |                                                                            |                    |                     |
| 6. Brief description of the character of business conducted in Rhode Island<br><b>Sales of mass-transit buses to municipalities</b>                        |       |                                                                                |                                                                            |                    |                     |
| <b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input checked="" type="checkbox"/>                                             |       |                                                                                |                                                                            |                    |                     |
| President Name                                                                                                                                             |       |                                                                                | Vice-President Name                                                        |                    |                     |
| Street Address                                                                                                                                             |       |                                                                                | Street Address                                                             |                    |                     |
| City                                                                                                                                                       | State | Zip                                                                            | City                                                                       | State              | Zip                 |
| Secretary Name                                                                                                                                             |       |                                                                                | Treasurer Name                                                             |                    |                     |
| Street Address                                                                                                                                             |       |                                                                                | Street Address                                                             |                    |                     |
| City                                                                                                                                                       | State | Zip                                                                            | City                                                                       | State              | Zip                 |
| <b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>                                                       |       |                                                                                |                                                                            |                    |                     |
| Director Name                                                                                                                                              |       |                                                                                | Director Name                                                              |                    |                     |
| Street Address                                                                                                                                             |       |                                                                                | Street Address                                                             |                    |                     |
| City                                                                                                                                                       | State | Zip                                                                            | City                                                                       | State              | Zip                 |
| Director Name                                                                                                                                              |       |                                                                                | Director Name                                                              |                    |                     |
| Street Address                                                                                                                                             |       |                                                                                | Street Address                                                             |                    |                     |
| City                                                                                                                                                       | State | Zip                                                                            | City                                                                       | State              | Zip                 |
| <b>9. SHARES AUTHORIZED</b>                                                                                                                                |       |                                                                                | <b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/> |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet. |       |                                                                                | NUMBER OF SHARES                                                           | CLASS/SERIES       | PAR VALUE           |
|                                                                                                                                                            |       |                                                                                | <b>2,000</b>                                                               | <b>Common</b>      | <b>0.01</b>         |

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.

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED**

**SEP 05 2014**

BY 573260

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 Authorized Representative

Date

Print or Type Name of Authorized Representative



North American Bus Industries, Inc.

**LIST OF OFFICERS**

June 21, 2013

**Headquarters  
& Manufacturing**  
North American  
Bus Industries, Inc.  
106 National Drive  
Anniston, AL 36207

Tel: (256) 831-4296  
Fax: (256) 831-4299  
Email: [nabiusa@nabiusa.com](mailto:nabiusa@nabiusa.com)  
[www.nabiusa.com](http://www.nabiusa.com)

**Corporate Officers:**

Jim Marcotuli  
President – CEO  
Anniston, Alabama

Brian Dewsnup  
CFO  
Anniston, Alabama

Herb Clark  
Executive Vice President  
Anniston, Alabama

Shannon Young  
Senior Vice President – Aftermarket Parts  
Delaware, Ohio

David Warren  
Senior Vice President – Operations

Paul Marcela  
Vice President & General Counsel  
Anniston, AL

**FILED**

**SEP 05 2014**

**BY** 797427