



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 **2015**

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. 151042		2. Exact name of the Corporation ARCHWAY BUS TRANSPORTATION, INC.						
3. Principal office address 78 Industrial Lane		City West Warwick		State RI	Zip 02893			
4. Business Phone No. 828-4100		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island TRANSPORTATION SERVICES								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
President Name Stephen P. Archambault			Vice-President Name Stephen P. Archambault					
Street Address 22 Stoney Drive			Street Address 22 Stoney Drive					
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896			
Secretary Name Stephen P. Archambault			Treasurer Name Stephen P. Archambault					
Street Address 22 Stoney Drive			Street Address 22 Stoney Drive					
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>								
Director Name Stephen P. Archambault			Director Name					
Street Address 22 Stoney Drive			Street Address					
City North Smithfield	State RI	Zip 02896	City	State	Zip			
Director Name			Director Name					
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZED								
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <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
						100	Common	\$0.01

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

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

Stephen P. Archambault

Print or Type Name of Authorized Representative

Date

1/19/15

BY

FILED

JAN 22 2015

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