



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. 120703		2. Exact name of the Corporation SALISBURY TRANSPORTATION, INC.			
3. Principal office address 551 TEN ROD ROAD		City NORTH KINGSTOWN		State RI	Zip 02852
4. Business Phone No. 401-294-7315		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO PROVIDE BUS RENTAL AND TRANSPORTATION					
ELMER SALISBURY III					
President Name ELMER SALISBURY III			Vice-President Name		
Street Address 551 TEN ROD ROAD			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name DIANE SALISBURY			Treasurer Name ELMER SALISBURY III		
Street Address 551 TEN ROD ROAD			Street Address 551 TEN ROD ROAD		
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
ELMER SALISBURY III					
Director Name ELMER SALISBURY III			Director Name		
Street Address 551 TEN ROD ROAD			Street Address		
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9 SHARES AUTHORIZED					
9 SHARES ISSUED					
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	NO PAR VALUE	

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

FILED

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BY

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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.

Elmer Salisbury III
Signature of Authorized Representative

2/28/15
Date

ELMER SALISBURY III

Print or Type Name of Authorized Representative