



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 137234		2. Exact name of the Corporation SONIC TRANSPORT, INC.						
3. Principal Office Address 587 OAKLAWN AVENUE				City CRANSTON	State R.I.	Zip 02920		
4. NAICS Code 4849		6. Brief description of the character of business conducted in Rhode Island PICK UP AND DELIVER LOCAL						
5. State of Incorporation CRANSTON, R.I.		FREIGHT - TRUCKING						
7. List ALL officers (names and addresses)							Check the box to indicate an attachment <input type="checkbox"/>	
President Name WILLIAM TARTAGLIONE II				Vice-President Name JAMES F. QUINLAN				
Street Address 587 OAKLAWN AVENUE				Street Address 7 PONDEROSA LANE				
City CRANSTON	State R.I.	Zip 02920		City EAST WALPOLE	State MASS	Zip 02032		
Secretary Name WILLIAM TARTAGLIONE II				Treasurer Name JAMES F. QUINLAN				
Street Address 587 OAKLAWN AVENUE				Street Address 7 PONDEROSA LANE				
City CRANSTON	State R.I.	Zip 02920		City EAST WALPOLE	State MASS	Zip 02032		
8. List ALL directors (names and addresses)							Check the box to indicate an attachment <input type="checkbox"/>	
Director Name WILLIAM TARTAGLIONE II				Director Name JAMES F. QUINLAN				
Street Address 587 OAKLAWN AVENUE				Street Address 7 PONDEROSA LANE				
City CRANSTON	State R.I.	Zip 02920		City EAST WALPOLE	State MASS	Zip 02032		
Director Name				Director Name				
Street Address				Street Address				
City	State	Zip		City	State	Zip		
9. Shares Authorized 600			10. Shares Issued					Check the box to indicate an attachment <input type="checkbox"/>
This information is currently of record in the Department of State. NO PAR VALUE			NUMBER OF SHARES 200		CLASS/SERIES COMMON		PAR VALUE NONE	
Changes require an additional filing.								
11. 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: 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.								
Name of Authorized Representative William Tartaglione II				FILED		Date 1-20-17		
Signature of Authorized Representative				JAN 23 2017				
				SIGN DOCUMENT HERE				

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY [Signature]