



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 2017

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. 738787		2. Exact name of the Corporation Wampum Transport, Inc.			
3. Principal office address 7 Water Street		City East Greenwich	State RI	Zip 02818	
4. Business Phone No. 401-884-2740		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Trucking, Transportation					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Robert E. Smith			Vice-President Name Robert E. Smith		
Street Address 585 Annaquatucket Road			Street Address 585 Annaquatucket Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Robert E. Smith			Treasurer Name Robert E. Smith		
Street Address 585 Annaquatucket Road			Street Address 585 Annaquatucket Road		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Robert E. Smith			Director Name		
Street Address 585 Annaquatucket 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			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			8000	COMMON	NONE
					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

Form No. 630
Revised: 01/2012

FILED

JAN 25 2017

By 2004

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

Robert E. Smith, President

Print or Type Name of Authorized Representative

KM