

**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 <u>17580</u>	2. Exact name of the Corporation <u>NORTHEAST BUS CO</u>		
3. Principal Office Address <u>1845 Smith St</u>		City <u>No. Prov.</u>	State <u>RJ</u>
		Zip <u>02911</u>	
4. NAICS Code <u>4849</u>	6. Brief description of the character of business conducted in Rhode Island <u>Suburb Transportation</u>		
5. State of Incorporation <u>RJ</u>			

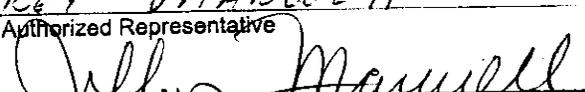
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <u>JOSEPH MARWELL, III</u>			Vice-President Name <u>JEFFREY MARWELL</u>		
Street Address <u>69 EAST AV</u>			Street Address <u>26 JFK CIRCLE</u>		
City <u>No. Prov</u>	State <u>RJ</u>	Zip <u>02911</u>	City <u>No. Prov</u>	State <u>RJ</u>	Zip <u>02904</u>
Secretary Name <u>MARK MARWELL</u>			Treasurer Name <u>SAME AS ABOVE</u>		
Street Address <u>85 EAST AV</u>			Street Address		
City <u>No. Prov</u>	State <u>RJ</u>	Zip <u>02901</u>	City	State	Zip

8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <u>SAME AS ABOVE</u>			Director Name <u>SAME AS ABOVE</u>		
Street Address <u>JOSEPH MARWELL, III</u>			Street Address		
City	State	Zip	City	State	Zip
Director Name <u>JOSEPH MARWELL, III</u>			Director Name		
Street Address <u>SAME AS ABOVE</u>			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized This information is currently of record in the Department of State.  Changes require an additional filing.	10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
	NUMBER OF SHARES <u>500</u>	CLASS/SERIES <u>-</u>	PAR VALUE <u>-</u>

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 <u>JEFFREY MARWELL</u>	Date <u>2/22/17</u>
Signature of Authorized Representative 	

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

**FILED**

**MAR 20 2017**

By 22408  
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