



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.

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2017 OCT-4 AM 10:51

1. Entity ID Number 911747		2. Exact name of the Corporation Eye - Port Inc				5	
3. Principal Office Address 272 Knight St			City Providence		State RI		Zip 02909
4. NAICS Code 48-49 - Transportation and War		6. Brief description of the character of business conducted in Rhode Island Auto Transportation					
5. State of Incorporation RI							
7. List ALL officers (names and addresses)							Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael Badessa IV				Vice-President Name None			
Street Address 272 Knight St				Street Address			
City Providence		State RI		Zip 02909			
Secretary Name None				Treasurer Name None			
Street Address				Street Address			
City		State		Zip			
8. List ALL directors (names and addresses)							Check the box to indicate an attachment <input type="checkbox"/>
Director Name None				Director Name			
Street Address				Street Address			
City		State		Zip			
Director Name				Director Name			
Street Address				Street Address			
City		State		Zip			
9. Shares Authorized 1000				10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.				NUMBER OF SHARES		CLASS/SERIES	
				300		common	
						PAR VALUE no par value	
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 Michael Badessa						Date 9/19/17	
Signature of Authorized Representative 						FILED OCT 04 2017 BY 313999 10:17	

MAIL TO:
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