



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

ANNUAL REPORT FOR THE YEAR 2018

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. Corporate ID No 4797		2. Name of Corporation Conway's Bus Service, Inc.			
3. Street Address Principal Business Office 10 Nate Whipple Highway		City Cumberland	State RI	Zip 02864	
4. NAICS Code 485510		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island general bus service					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter D. Conway			Vice President Name Patrick S. Conway		
Street Address 10 Nate Whipple Highway			Street Address 10 Nate Whipple Highway		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Peter D. Coneay			Treasurer Name Peter D. Conway		
Street Address 10 Nate Whipple Highway			Street Address 10 Nate Whipple Highway		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Peter D. Conway			Director Name		
Street Address 10 Nate Whipple Highway			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ☐			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.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class Series	Par Value
			100 shares common 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.

Signature

Peter D. Conway

Print or Type Name

President

Title

FILED

JAN 24 2018

BY

94214

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

Form 630 – Revised: 10/2016