RI SOS Filing Number: 201859046520 Date: 2/23/2018 4:00:00 PM

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.

RECEIVED
2018 FEB 13 A 8:38
SECRETARY OF STATE
CORP.

1. Entity ID Number	2. Exact name of the Corporation		
104339	S.P.A. Transport, Inc.		
3. Principal Office Address	City	State	Zip
70 Moccasin Drive	Warwick	RI	02889
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
485310	To operate passenger vehicles as a taxi service		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Robert D. Romano	174 Pinegrove Avenue	Warwick	RI	02889

Vice-President Name	Street Address	City	State	Zip
Robert A. Romano	70 Moccasin Drive	Warwick	RI	02889

Secretary Name	Street Address	City	State	Zip
Robert D. Romano	174 Pinegrove Avenue	Warwick	RI	02889

Treasurer Name	Street Address	City	State	Zip
Robert D. Romano	174 Pinegrove Avenue	Warwick	RI	02889

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Robert D. Romano	174 Pinegrove Avenue	Warwick	RI	02889

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No Par

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	Date
Robert D. Romano	1-12-18

Signature of Authorized Representative: Robert D. Romano

SIGN DOCUMENT HERE

FILED
FEB 23 2018

BY 12155

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: 10/2017