RI SOS Filing Number: 201859467460 Date: 2/28/2018 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.

1. Entity ID Number	2. Exact name of the Corporation			
~~165882~~ 165898	NORTH KINGSTOWN BUS CONTRACTORS, INC.			
3. Principal Office Address	City	State	Zip	
~~ONE WORTHINGTON ROAD~~ 50 Shore Dr.	~~CRNSTON~~ North Kingstown	RI	~~02920~~ 02852	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
81 - OTHER SERVICES	BUS CONTRACTOR			
5. State of Incorporation				
RHODE ISLAND	812990			

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

President Name: PAUL MUMFORD			Vice-President Name: JOHN A. NOVAK		
Street Address: 160 RAILROAD AVENUE			Street Address: 60 CYNTHIA DRIVE		
City: SAUNDERSTOWN	State: RI	Zip: 02874	City: NORTH KINGSTOWN	State: RI	Zip: 02852
Secretary Name: LEE ANN GOODING			Treasurer Name: LEE ANN GOODING		
Street Address: 50 SHORE DRIVE			Street Address: 50 SHORE DRIVE		
City: NORTH KINGSTOWN	State: RI	Zip: 02852	City: NORTH KINGSTOWN	State: RI	Zip: 02852

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

Director Name: NONE			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	COMMON	$.01

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
LEE ANNE GOODING FILED	02/16/2018

Signature of Authorized Representative: X Lee Anne Gooding FEB 28 2018

BY

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