



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

STATE

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 <u>000540924</u>		2. Exact name of the Corporation <u>Jallian Transportation Inc</u>			
3. Principal Office Address <u>1087 Newman Ave</u>		City <u>Seekonk</u>	State <u>Ma</u>	Zip <u>01771</u>	
4. NAICS Code <u>484110</u>		6. Brief description of the character of business conducted in Rhode Island <u>TRUCKING</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>William Martinez</u>		Vice-President Name			
Street Address <u>1087 Newman Ave</u>		Street Address			
City <u>Seekonk</u>	State <u>Ma</u>	Zip <u>01771</u>	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		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 <u>1</u>		10. Shares Issued <u>1</u> Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		<u>1</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>Joe Piasino</u>				Date <u>2-26-18</u>	
Signature of Authorized Representative <u>Joe Piasino</u>				SIGN DOCUMENT HERE FILED MAR 01 2018	

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

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