



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

Annual Report for the year: 2018  
Corporation

STATE

- 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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
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> <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>							
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 Pinauto</u>					Date <u>2-26-18</u>		
Signature of Authorized Representative <u>[Signature]</u>					SIGN DOCUMENT HERE <u>MAR 01 2018</u> <u>4478 DS</u>		