



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 1663651		2. Exact name of the Corporation E Costantini Transportation Inc			
3. Principal Office Address 3 Nutmeg Drive		City Johnston		State RI	Zip 02919
4. NAICS Code 484110	6. Brief description of the character of business conducted in Rhode Island Transportation trucking				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Emanuele Constantini			Vice-President Name Emanuele Constantini		
Street Address 3 Nutmeg Drive			Street Address 3 Nutmeg Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name Emanuele Constantini			Treasurer Name Emanuele Constantini		
Street Address 3 Nutmeg Drive			Street Address 3 Nutmeg Drive		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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					
10. Shares Issued 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	
100		Common		0.01	
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 Emanuele Constantini					Date 2-22-18
Signature of Authorized Representative					

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

SIGN DOCUMENT HERE

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FORM 630 - Revised: 10/2017