

State of Rhode Island and Providence Plantations



Department of State - Business Services Division

Annual Report for the year: **2018**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 30264		2. Exact name of the Corporation Transportation Building, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Ownership and management of an office building.			
4. NAICS Code 813930 - Labor Unions and Sim					
6. Principal Office Address 121 Brightridge Avenue			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Santos			Vice-President Name Matthew Maini		
Street Address 121 Brightridge Avenue			Street Address 121 Brightridge Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Secretary Name Matthew Taibi			Treasurer Name Matthew Taibi		
Street Address 121 Brightridge Avenue			Street Address 121 Brightridge Avenue		
City East Providence	State	Zip	City East Providence	State RI	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paul Santos			Director Name Matthew Maini		
Street Address 121 Brightridge Avenue			Street Address 121 Brightridge Avenue		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name Matthew Taibi			Director Name		
Street Address 121 Brightridge Avenue			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Marc Gursky				Date 5/24/18	
Signature of Officer/Authorized Representative					

FILED

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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FORM 631 - Revised: 11/2017