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	2. Exact name of the Corporation
30264	**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	City	State	Zip
121 Brightridge Avenue	**East Providence**	**RI**	**02914**

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

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 ☐

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Marc Gursky	5/24/18

Signature of Officer/Authorized Representative

FILED

MAY 31 2018

BY 20135

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017