

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

Annual Report for the year: 2019  
 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 <b>000 137 234</b>		2. Exact name of the Corporation <b>SONIC TRANSPORT INC.</b>			
3. Principal Office Address <b>587 OAKLAWN AVENUE</b>		City <b>CRANSTON</b>	State <b>R.I.</b>	Zip <b>02920</b>	
4. NAICS Code <b>117700</b>	6. Brief description of the character of business conducted in Rhode Island <b>TRANSPORTATION, FOR Hire</b>				
5. State of Incorporation <b>R.I.</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>William Tartaglione II.</b>			Vice President Name <b>JAMES F. QUINLAN</b>		
Street Address <b>692 Scituate Ave</b>			Street Address <b>7 PONDROSA LANE</b>		
City <b>CRANSTON</b>	State <b>R.I.</b>	Zip <b>02921</b>	City <b>WALPOLE</b>	State <b>MA</b>	Zip <b>02032</b>
Secretary Name <b>SAME</b> ↓			Treasurer Name <b>SAME</b> ↓		
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			10. Shares Issued <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
			<b>600 No</b>	<b>Common</b>	<b>No Par Value</b>
			<b>PAR VALUE</b>		
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 <b>William Tartaglione II.</b>				Date <b>12-22-18</b>	
Signature of Authorized Representative <b>William Tartaglione II.</b>					

**FILED**  
 DEC 24 2018

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