

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

2019 JA	CORPORE	•	
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→ Penalty: Additional \$25.00 fe	ee if form is no	t filed by April 1.							
1, Entity ID Number	Jumber 2. Exact pame of the Corporation								
000487811	MA	8TINF7	Transo	DOXIATIO	N	INC			
3 Principal Office Address			City	,		Zip			
40 HERSCH	FL SI		Dr0	<i>U</i>	RI	02909			
4. NAICS Code	Brief descri	ption of the characte	er of business con-	ducted in Rhode Isl	land				
484210		. /							
5. State of Incorporation	Me	OVFO	FURN	TURF					
7. List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name SCAYL A MAXTINEZ			Vice-President Name SAME						
Street Address HO HERSCHEL ST			Street Address						
City	State R I	Zip	City	> 7 · · ·	State	Zip			
D&OU School Name	I KX	Zip 02909	Transpurer North			L			
Secretary Name		Treasurer Name							
Street Address			Street Address						
City	State	Zıp	City		State Zip				
8. List ALL directors (names and ad	ddresses)			Check t	he box to indi	cate an attachment 🔲			
Director Name			Director Name						
Street Address			Street Address						
City	State	Zıp	City	. <u></u>	State	Zıp			
Director Name			Director Name	Director Name					
Street Address			Street Address						
City	State	Zıp	City		State	Zip			
9. Shares Authorized		10. Shares Issue	ed	Check t	he box to indi	cate an attachment			
This information is currently of record Department of State.	rd in the	NUMBER OF S	SI-ARES	CLASS/SERIES		PAR VALUE			
Changes require an additional filing.									
11. This report must be executed o trustee, this report must be execute					ation is in the	hands of a receiver or			
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 Date									
15-AR A MAYTINE 7 11-3-2019									
Signature of Authorized Representative SIGN DOCUMENT HE FILED									
MAIL TO:									

Divisiop of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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

JAN 3 2019
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