



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV.

2019 FEB 14 AM 11:40

1. Entity ID Number <b>001680294</b>		2. Exact name of the Corporation <b>Alpha Transport Inc</b>												
3. Principal Office Address <b>11 Harvest St, Apt # 2</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02908</b>									
4. NAICS Code <b>484110</b>		6. Brief description of the character of business conducted in Rhode Island <b>car hauling &amp; non emergency transportation</b>												
5. State of Incorporation <b>RI</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>Momodou Jagne</b>			Vice-President Name											
Street Address <b>11 Harvest St, Apt # 2</b>			Street Address											
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City	State	Zip									
Secretary Name			Treasurer Name											
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 <b>Momodou Jagne</b>			Director Name											
Street Address <b>11 Harvest St, Apt # 2</b>			Street Address											
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>0</b></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>0</b>					
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		<b>0</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. <b>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.</b>														
Name of Authorized Representative <b>Momodou Jagne</b>					Date									
Signature of Authorized Representative <i>Momodou Jagne</i>														

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FILED

on 4/4/06