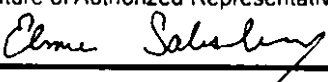




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 120703		2. Exact name of the Corporation SALISBURY TRANSPORTATION, INC.			
3. Principal Office Address 551 TEN ROD ROAD		City NORTH KINGSTOWN		State RI	Zip 02852
4. NAICS Code 481111	6. Brief description of the character of business conducted in Rhode Island TO PROVIDE BUS RENTAL AND TRANSPORTATION				
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ELMER SALISBURY III		Vice-President Name			
Street Address 551 TEN ROD ROAD		Street Address			
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Secretary Name DIANE SALISBURY		Treasurer Name ELMER SALISBURY III			
Street Address 551 TEN ROD ROAD		Street Address 551 TEN ROD ROAD			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name ELMER SALISBURY III		Director Name			
Street Address 551 TEN ROD ROAD		Street Address			
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		100	COMMON	NO PAR VALUE	
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 ELMER SALISBURY III				Date 2/9/19	
Signature of Authorized Representative 					
SIGN DOCUMENT HERE 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

FILED
FEB 14 2019
1055
BY _____

FORM 630 - Revised: 02/2017