



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 000827061		2. Exact name of the Corporation D & E TRANSPORTATION			
3. Principal Office Address 551 TEN ROD ROAD			City NORTH KINGSTOWN	State RI	Zip 02852
4. NAICS Code 485510		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 checked="" type="checkbox"/>					
President Name DIANE SALISBURY			Vice-President 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
Secretary Name ELMER SALISBURY III			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 DIANE SALISBURY			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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		COMMON
			PAR VALUE		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 DIANE SALISBURY					Date 2/9/19
Signature of Authorized Representative <i>Diane Salisbury</i>					

SIGN DOCUMENT HERE **FILED** *al*

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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