



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.

FILED

FEB 25 2019

BY

29326
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1. Entity ID Number 150580		2. Exact name of the Corporation G & A TRANSPORTATION, INC.												
3. Principal Office Address 67 IPSWITCH STREET			City JOHNSTON	State RI	Zip 02919									
4. NAICS Code 485320		6. Brief description of the character of business conducted in Rhode Island LIMO SERVICE												
5. State of Incorporation RHODE ISLAND														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name MARK VITTORIOSO			Vice-President Name SAME											
Street Address 67 IPSWITCH STREET			Street Address											
City JOHNSTON	State RI	Zip 02919	City	State	Zip									
Secretary Name SAME			Treasurer Name SAME											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
Director Name MARK VITTORIOSO			Director Name											
Street Address SAME			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 Check the box to indicate an attachment ☐												
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>2000</td> <td>COMMON</td> <td>\$0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	2000	COMMON	\$0.01			
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2000	COMMON	\$0.01												
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 MARK VITTORIOSO					Date 2/22/19									
Signature of Authorized Representative 					SIGN DOCUMENT HERE									