



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 662417		2. Exact name of the Corporation MILESTONE TRANSPORT, INC.			
3. Principal Office Address PO BOX 19182		City JOHNSTON		State RI	Zip 02919
4. NAICS Code 484110 48-49 TRANSPORTATION AND		6. Brief description of the character of business conducted in Rhode Island TRUCKING BUSINESS, TRANSPORTATION OF GOODS			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name HARWINDERJETT S. MANN		Vice-President Name			
Street Address PO BOX 19182		Street Address			
City JOHNSTON	State RI	Zip 02919	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2000	COMMON	.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. FILED					
Name of Authorized Representative HARWINDERJETT - S. MANN				Date MAR 07 2019	
Signature of Authorized Representative A.S. Mann				BY LOD LS	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov