



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

ANNUAL REPORT FOR THE YEAR 2019

Corporation

FILED STAMP

- Filing Period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1

MAR 07 2019

RV

2364

1. Corporate ID No 001684392		2. Name of Corporation RCH Transit, Inc.	
3. Street Address Principal Business Office 58 Budlong Avenue		City Warwick	State RI
4. NAICS Code 484210		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island to provide moving services			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Pamela Healey		Vice President Name	
Street Address 58 Budlong Avenue		Street Address	
City Warwick	State RI	Zip 02888	City Warwick
Secretary Name Pamela Healey		Treasurer Name Pamela Healey	
Street Address 58 Budlong Avenue		Street Address 58 Budlong Avenue	
City Warwick	State RI	Zip 02888	City Warwick
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
ISSUED SHARES – THIS SECTION MUST BE COMPLETED			
Number of Shares 100 common shares		Class Series \$.01 par value	
Par Value			
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			

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.

Signature

Date

Pamela Healey

Print or Type Name

President

Title

MAIL TO:

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