



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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2019 MAR 13 PM 12:56

1. Entity ID Number 1656991		2. Exact name of the Corporation Safe Care Transportation Inc	
3. Principal Office Address 85 Industrial Circle		City Lincoln	State RI
4. NAICS Code 485999		6. Brief description of the character of business conducted in Rhode Island WE are a small transportation company which consists of picking people from home bringing them to health care facilities	
5. State of Incorporation RI		Zip 02865	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name Zuleyka Montero		Vice-President Name	
Street Address 106 Tremont St		Street Address	
City Central Falls	State RI	City	State
Zip 02863		Zip	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		0	0
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. <b>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.</b>			
Name of Authorized Representative Zuleyka Montero		Date	
Signature of Authorized Representative Zuleyka Montero			